

CITY OF WORCESTER



ANNUAL REPORT

ON THE

HEALTH OF THE CITY

FOR THE YEAR

1964

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.

Medical Officer of Health



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HEALTH COMMITTEE

31st DECEMBER, 1964

HIS WORSHIP THE MAYOR (Alderman Herbert John Evans)

Chairman : ALDERMAN FREDERICK LIONEL SPALDING

Vice-Chairman : ALDERMAN MRS. FRANCES ROSA RATCLIFFE.

ALDERMEN

WILLIAM JOHN DANIEL

HAROLD ERNEST WATTS

HORACE HENRY EXALL

COUNCILLORS

MRS. ELLA BRADLEY

BERNARD NEIL

JOHN PATRICK FRANCIS
CORRELL

MAXWELL EDWARD NICHOLLS

ROBERT TELFER DEDICOTT

LESLIE WYNNE THOMAS

GEORGE CYRIL KERR

LAWSON WILLIAM TOLLEY

HORACE LANE

EDWIN JOHN WHITT

MRS. HILDA MAY LETTICE

ALBERT JOHN WILKS

NON-MEMBERS OF THE COUNCIL

*Representing the Medical
Profession*

DR. D. M. BRIERLEY

DR. D. W. JAMES

DR. MARGARET NORTON

*Representing the Ophthalmic
Profession*

MR. H. WALKER

*Representing the Dental
Profession*

MRS. G. PHILLIPS-
BROADHURST

HEALTH SUB-COMMITTEES

Accounts

ALDERMAN MRS. RATCLIFFE
ALDERMAN SPALDING

ALDERMAN WATTS
COUNCILLOR WILKS

Health Centres

ALDERMAN DANIEL
ALDERMAN EXALL
ALDERMAN MRS. RATCLIFFE
ALDERMAN SPALDING
COUNCILLOR THOMAS
DR. J. M. DUNCAN (nominated
by Local Medical
Committee)

DR. C. T. MILLS (nominated
by Local Medical
Committee)

MR. W. LUDLAM (nominated
by the City of Worcester
Executive Council)

MRS. G. PHILLIPS-
BROADHURST
(appointed directly by the
Health Committee)

Mental Health Services

ALDERMAN EXALL
ALDERMAN MRS. RATCLIFFE
ALDERMAN SPALDING
COUNCILLOR KERR
COUNCILLOR LANE
COUNCILLOR MRS. LETTICE

COUNCILLOR TOLLEY
MR. W. LUDLAM
MR. H. WALKER
(appointed directly by the
Health Committee)

Midwifery Etc.

ALDERMAN MRS. RATCLIFFE
ALDERMAN SPALDING
COUNCILLOR MRS. LETTICE
DR. D. M. BRIERLEY

DR. M. NORTON
(appointed directly by the
Health Committee)

Property Inspection

ALDERMAN DANIEL	COUNCILLOR CORRELL
ALDERMAN EXALL	COUNCILLOR DEDICOTT
ALDERMAN MRS. RATCLIFFE	COUNCILLOR KERR
ALDERMAN SPALDING	COUNCILLOR NEIL
ALDERMAN WATTS	COUNCILLOR THOMAS
COUNCILLOR BRADLEY	COUNCILLOR WILKS

Staffing

ALDERMAN DANIEL	ALDERMAN SPALDING
ALDERMAN EXALL	ALDERMAN WATTS
ALDERMAN MRS. RATCLIFFE	COUNCILLOR MRS. LETTICE

PUBLIC HEALTH DEPARTMENT STAFF, 1964

Medical Officer and Principal School Medical Officer :

G. M. O'DONNELL, B.A., M.B., D.P.H.

Deputy Medical Officer and Deputy Principal School Medical Officer :

ELIZABETH G. HENDERSON, M.B., B.Ch., B.A.O., D.P.H.

Assistant Medical Officers of Health :

MOIRA K. E. ALLINGTON, B.A., M.B., B.Ch., D.C.H.

DOUGLAS G. SNELL, M.B., B.S., D.P.H.

Chest Physician (part-time) :

E. N. MOYES, M.D., M.B., F.R.C.P.

(Chest Physician, Regional Hospital Board)

Chief Dental Officer :

E. R. DOWLAND, L.D.S., R.C.S. (Eng.)

Dental Anaesthetists :

H. HARVEY, M.D., M.B., B.S., D.A.

C. T. MILLS, M.B., Ch.B.

W. D. STEEL, M.B., B.S., M.R.C.S., L.R.C.P.

Dental Surgery Assistants :

MRS. J. MACKELVIE

MRS. E. R. SCANLON

Public Analyst :

W. E. JONES, F.R.I.C. (County Analyst—Services utilised by arrangements with Worcestershire County Council)

Chief Public Health Inspector :

T. W. MARSDEN

Deputy Chief Public Health Inspector :

J. H. BENJAMIN

District Public Health Inspectors :

J. HARTLEY

G. D. HALES

T. C. COLEMAN

Rodent Officer :

P. ROWBERRY

Disinfector, Van Driver, Etc. :

C. A. WEBB

Superintendent Health Visitor/School Nurse :

MISS A. A. BUTTIMORE

Health Visitors/School Nurses :

MISS F. M. KENDRICK (Retired 30th September, 1964)

MISS E. KREBS

MISS A. DUNLOP

MISS M. HANNON

MISS C. MILLARD

MISS E. WOOLFENDEN

MRS. M. MARSHALL (Commenced 3rd February, 1964)

MRS. M. HILES

(Commenced 8th July, 1964. Resigned 31st October, 1964)

MISS P. HIGGINS (Commenced 1st October, 1964)

MRS. J. P. SINCLAIR (Commenced 2nd November, 1964)

MISS A. E. JONES (Commenced 2nd December, 1964)

Tuberculosis Visitor :

MISS E. B. M. HANDS (Retired 7th November, 1964)
(Post re-classified as Health Visitor/School Nurse with special
responsibility for tuberculosis)

Senior Medical Social Worker (Geriatrics) :

MISS R. WILKES, B.A.

*Superintendent, Nursing Institute and Non-Medical Supervisor
of Midwives :*

MISS O. KEYWOOD

Senior Nurse :

MISS M. J. CARTWRIGHT

District Nurses :

MR. M. JACOBS

MRS. E. LOCK

MISS R. V. BETTS

MISS K. M. KITE (Resigned 14th April, 1964)

MRS. P. LISTER

MR. J. EDWARDS

MISS M. N. MAUND

MR. P. J. BARKER

MISS C. BUDD (Commenced 18th September, 1964)

MISS M. M. VERITY (Commenced 18th September, 1964)

MISS J. PREECE (Commenced 27th January, 1964)

Part-time District Nurses :

MRS. S. K. DRINKWATER

MRS. A. E. BROOKES

MRS. B. K. STOKES (Commenced 1st May, 1964)

Teaching Midwives, Nursing Institute :

MISS F. MIDWINTER

MISS D. J. SALISBURY

MRS. M. J. BALL (Resigned 12th September, 1964)

District Nurse/Midwife :

MISS M. F. WILLIAMS

MRS. U. M. AUSTIN (Commenced 7th September, 1964)

Clerk, Nursing Institute :

MRS. M. SHURMER

Mental Welfare Officers :

W. H. HORNE

J. A. EVERETT

Home Help Organiser :

MISS C. J. PAIN

Chief Clerk :

A. J. RIX (Commenced 14th March, 1964)

Senior Clerk :

MISS E. C. GRIFFIN

Clerical Officers :

MISS M. M. PARSONS

MISS E. BISHOP

MISS M. F. DUNNE

and 9 full-time clerks

Superintendent, Residential Hostel, Perryfields :

MRS. M. BAYLAY

*Assistant Superintendent, Residential Hostel, Perryfields
(Temporary) :*

H. H. F. TAYLOR

Supervisor, Adult Training Centre, Perryfields :

W. T. BAYLAY

Senior Assistant Supervisor, Adult Training Centre, Perryfields:

MRS. J. I. BREEZE (Commenced 1st September, 1964)

Assistant Supervisor, Adult Training Centre, Perryfields :

MRS. K. B. WILKES

Woodwork Instructor, Adult Training Centre, Perryfields :

D. W. ROBINSON

Gardening Instructor, Adult Training Centre, Perryfields :

J. JONES

ANNUAL REPORT
ON THE
HEALTH OF THE CITY

BY

G. M. O'DONNELL, B.A., M.B., D.P.H.

*To the Right Worshipful the Mayor, Aldermen and Councillors
of the City of Worcester.*

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting my report upon the health of the City I should first like to thank the Chairman and Members of the Health Committee for the generous help and encouragement they have given me during the year. A medical officer of health expects his job to be interesting and worthwhile, but the stimulus of a courteous and progressive Committee gives it an almost unique savour.

My colleagues in other Departments and Organisations have afforded me every assistance and in particular I should like to acknowledge the support and co-operation of those in my own profession. Detailed comment on the various aspects of our work will be found in the body of the Report, but I would mention the completion of the first stage of the new Adult Training Centre and the opening of a purpose built clinic at Gorse Hill as tangible evidence that the momentum of the past is being maintained.

From the statistics available Worcester would appear to be a reasonably healthy place. It is also fortunate in its setting and in the geniality of its populace, factors which make it relatively easy to obtain staff of good calibre. Certainly my colleagues in the Health Department have worked hard in their various disciplines and I am indebted to them for the conscientious and assiduous manner in which they have carried out their duties.

It is interesting to see that recently the value of Annual Reports such as this has been questioned, and justifiably so, for there is much that can be held against them. They are often time consuming, tendentious and egotistical, provoking an almost equal degree of boredom in both reader and writer.

Printers faced with the statistical tables develop strange visual aberrations, while proof readers are frequently subject to hallucinatory and even fugue effects. Within a short period of distribution, they are to be found in unusual, though not always inappropriate places, and many are specially selected for the libraries of the more rigorous penal establishments.

Their real worth is that once a year the writer has to pause in his frantic routine and ask himself has it all been worth while. It is the nature of annual reports that they force one to evaluate the work done through the year and any weakness is hard to conceal. Occasionally they are the vehicle for issues of principle or public concern which might otherwise lack a forum, and most give advice which, if taken in moderation, cannot hurt anyone.

Like the prisoner missing his chains, I should be sorry to see the end of the yearly reports, while recognising that it is only a matter of time before they come sterile, stamped and doubtfully scented from the jaws of a common computer.

Yours faithfully,

G. M. O'DONNELL,

Medical Officer of Health.

FOCUS

Sleep is both beneficial and restorative. Annual Reports may justify their health function by promoting a deep and dreamless repose much superior to that extolled by certain proprietary beverages. For those whose consciousness can sustain not more than one page of this account, I would summarise as follows:

1964 was an encouraging year, the birth rate rose and the death rate fell.

Infant mortality was the lowest yet.

For the third successive year there were no maternal deaths due to pregnancy or childbirth.

Deaths from coronary disease and stroke declined, but those from cancer of the lung maintained the steady rise of recent years.

GENERAL STATISTICS

Area (in acres)	...	...	...	...	6,114
Estimated population	...	...	...	...	67,580
Number of inhabited dwellings	...	...	...	...	22,105
Number of persons per dwelling	...	...	...	...	3.05
Rateable value of the borough	...	...	...	...	£2,922,169
Product of a Penny Rate	..	...	...	...	£11,700

VITAL STATISTICS

Live Births

Number	...	...	...	...	...	1,190
Rate per 1,000 population	...	...	...	...	...	17.08

Illegitimate Live Births per cent of total live births	6.05
--	-----	-----	-----	-----	-----	------

Stillbirths

Number	...	...	...	...	...	17
Rate per 1,000 total live and still births	...	...	...	...	...	14.285

Total Live and Still Births	1,207
-----------------------------	-----	-----	-----	-----	-----	-------

Infant Deaths (deaths under 1 year)	20
-------------------------------------	-----	-----	-----	-----	-----	----

Infant Mortality Rates

Total infant deaths per 1,000 total live births	16.81
---	-----	-----	-----	-----	-----	-------

Legitimate infant deaths per 1,000 legitimate live births	17.89
---	-----	-----	-----	-----	-----	-------

Illegitimate infant deaths per 1,000 illegitimate live births	Nil
---	-----	-----	-----	-----	-----	-----

Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	10.92
---	-----	-----	-----	-----	-----	-------

Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	9.24
--	-----	-----	-----	-----	-----	------

Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births)	23.199
--	-----	-----	-----	-----	-----	--------

Maternal Mortality (including abortion)

Number of deaths	Nil
------------------	-----	-----	-----	-----	-----	-----

Rate per 1,000 total live and still births	Nil
--	-----	-----	-----	-----	-----	-----

Deaths

Number	...	...	...	...	...	768
Rate per 1,000 population	...	...	...	...	...	12.046

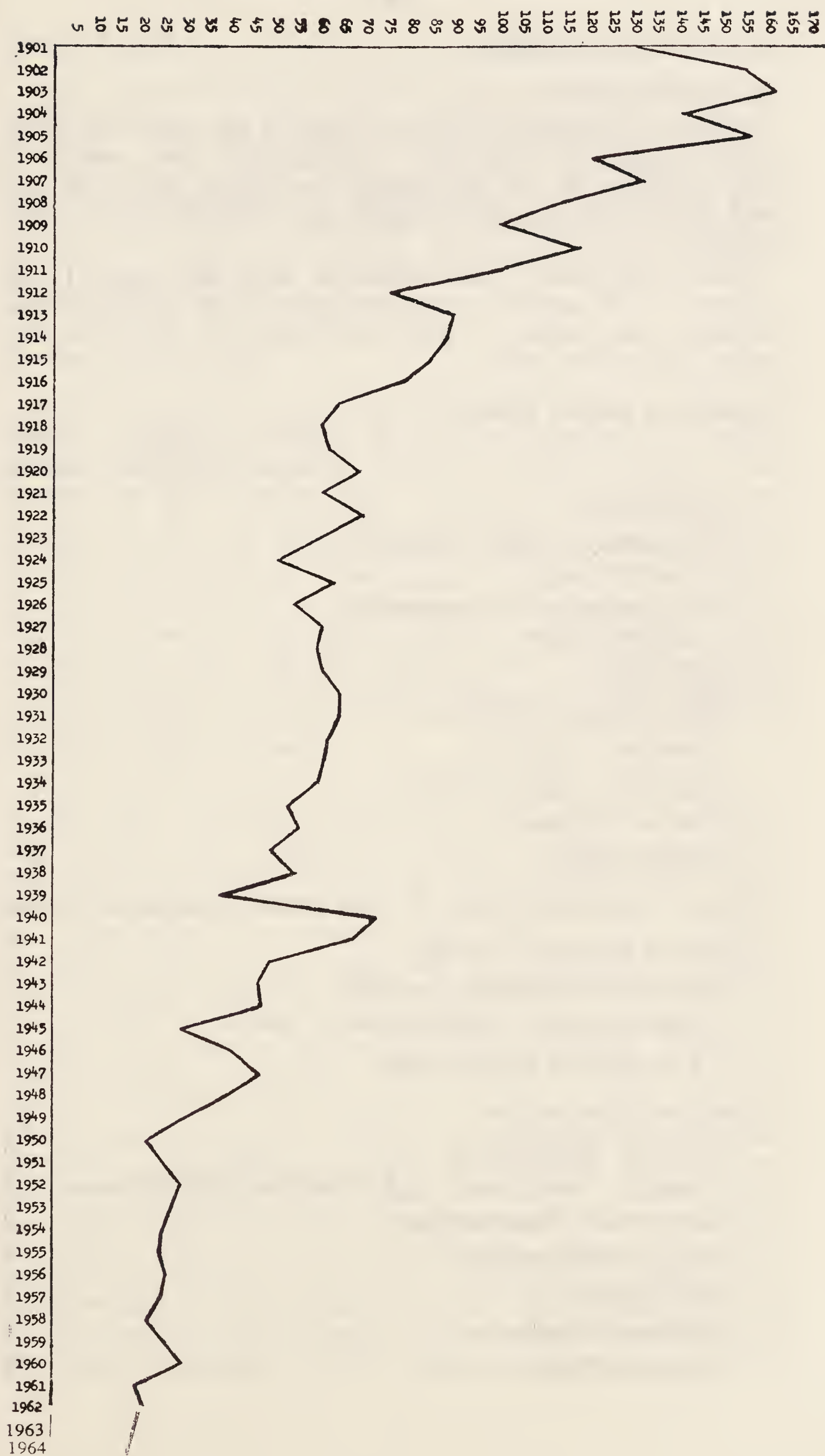
Number of deaths from tuberculosis (all respiratory)	5
--	-----	-----	-----	-----	-----	---

Tuberculosis death rate per 1,000 population	0.078
--	-----	-----	-----	-----	-----	-------

The following abridged table of deaths published by the Registrar General details the deaths under 36 main headings.

	Age in Years																								Grand Total
	4 weeks and under		1 year		1+		5+		15+		25+		35+		45+		55+		65+		75+		Totals		
	Under 4 weeks		4 weeks and under 1 year		1+		5+		15+		25+		35+		45+		55+		65+		75+		Totals		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1 Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	
2 Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3 Syphilitic Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	
4 Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5 Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6 Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7 Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8 Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9 Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
10 Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	
11 Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	44	
12 Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	
13 Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	
14 Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	69	
15 Leukaemia, a leukaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	
16 Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	
17 Vascular lesions of nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	151	
18 Coronary disease, angina	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	131	
19 Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	
20 Other heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	80	
21 Other circulatory disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	
22 Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	
23 Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	44	
24 Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
25 Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	
26 Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	
27 Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
28 Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
29 Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
30 Pregnancy, child-birth abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31 Congenital malformations	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
32 Other defined and ill-defined diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	
33 Motor vehicle accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54	
34 All other accidents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	
35 Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23	
36 Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	
Totals	9	4	4	3	—	1	2	2	10	2	6	1	4	43	16	65	41	133	83	122	205	406	362	768	

Infant Deaths per 1000 Live Births



HEALTH STATISTICS

INFANT MORTALITY

Deaths of children in the first year of life were the lowest ever recorded in Worcester. Furthermore the number of children dying in the particularly vulnerable period of one week after birth and in the initial four weeks of life was also reduced.

There were three fewer stillbirths than last year (17 as opposed to 20) and this correspondingly lessened the perinatal mortality rate which is the combination of stillbirths and deaths under one week.

CAUSES OF INFANT DEATHS :

			<i>Under 1 week</i>	<i>1 week to 6 months</i>	<i>6-12 months</i>
Prematurity	...	...	7	—	—
Prematurity and Cerebral Haemorrhage	...	...	1	—	—
Prematurity and Congenital Malformations	...	...	1	—	—
Atelectasis	...	...	1	—	—
Other Lung Conditions	...		1	2	1
Alimentary Infection	...		—	1	—
Congenital Malformations	...		—	3	1
Bilateral Adrenal Haemorrhages	...	...	—	—	1

Of the 20 Infant Deaths, 9 were premature births (1 twin).

Of the 9 premature births :—

7 died from prematurity only

1 had congenital malformation (1 twin)

1 had cerebral haemorrhage

CAUSES OF STILLBIRTHS

Placental Insufficiency	...	...	...	...	4
Placental Insufficiency and Maternal Hypertension					3
Antepartum Haemorrhage	...	...	...	...	2
Foetal Abnormalities	...	...	...	...	5
Malpresentation	...	...	...	...	1
Accidental Asphyxia	...	...	...	...	1
Unknown Causes	...	...	...	...	1

DEATH RATES

The overall death rate fell this year to 12·046 deaths per 1,000 population as contrasted with 12·166 in 1963 and 12·07 in 1962. For the third year in succession there were no maternal deaths due to pregnancy or childbirth. The tuberculosis death rate also declined but on the adverse side, cancer of the lung claimed more victims than ever before and there was a large but probably fortuitous increase in those dying of breast cancer.

CANCER OF THE LUNG

29 deaths in 1961, 36 deaths in 1962, 38 deaths in 1963, 44 deaths in 1964—so cancer of the lung maintains its grisly progress in Worcester. The picture is similar throughout the country but little is being done to prevent this slaughter. Just as in the past the devotees of Krishna flung themselves willingly beneath the wheels of the juggernaut, so today those of “my lady nicotine” consciously, but less dramatically, hazard their future by excessive cigarette smoking. Perhaps the only success of the health services in this field has been to make sure that cigarette smokers know the risks attached to their addiction and the gradual change to tipped cigarettes is evidence of the smoker’s desperate and unsuccessful search for a less lethal product.

It is easy to understand the widespread desire for a palliative of this nature. Men have always been vulnerable to any drug that relieves the monotony or distress of life, particularly those giving some oral stimulus as well. The chewing of betel nut, kwat or coco leaves dates from antiquity and it would be unreasonable to suppose that even in our complex civilisation the primitive urges can be completely restrained. Our propaganda against smoking may stop a proportion of young people acquiring the habit, it may influence some addicts to give it up, but in the main it just makes the confirmed cigarette smoker miserable. He continues to smoke because he must, but knows the pleasure of the cigarette to be an illusion, undermining his health as it fails to soothe his mind. In these circumstances it might be advisable not to seek perfection and while still trying to prevent young people acquiring the habit, persuade the determined smoker to change to a less dangerous form of the weed. Research to date indicates that cigars are much less injurious to health and it would seem not unreasonable for the Government and the tobacco companies to promote this alternative. At present they are too expensive for the ordinary smoker but one has

only to visit Holland to see how easy it is to transfer this vice of the conspicuously rich to the relatively poor. I am not, of course, advocating cigar smoking, but when there is a choice of evils it would seem realistic to condone the lesser while still striving for the ultimate good.

CORONARY THROMBOSIS

Quite a big drop this year from 144 deaths to 131, but more deaths in the younger age range, to wit, 15 men and 1 woman under the age of 45 years. This is the time when the business executive in particular should be watching himself and questioning his weight, habits, diet, exercise, common sense and future. To him I pen these admonitory lines.

Desk sitting

Tobacco choking

Work worrying

Food stoking

Sugar spooning

Tea brewing

Cream dolloping

Exercise eschewing

Fat spreading

Sleep escaping

Muscles atoning

Money making

Ideal, one supposes
for coronary thromboses.

DEATHS FROM VIOLENCE

			1962	1963	1964
Motor Vehicle Accidents	...		7	8	11
Other Accidents	...	...	25	25	23
Suicide	...	...	10	10	10
Homicide	...	...	1	—	2

SUICIDE

In each of the past three years we have had ten suicides and this number is beginning to assume an almost ominous significance. This year three of these unfortunates were young men, a circumstance heightening the tragedy of their sudden end. One thinks of Houseman's words :

“Life to be sure is nothing much to lose,
but young men think it is.

And we were young.”

Indeed it is difficult to understand how life can be so prematurely discarded. But some people are born to a way of life that is blighted from the beginning and which in time holds little of value. Apart from those with a frank mental illness, there are the unfortunates raised in a home of parental indifference or rejection, whose outlook must inevitably lack the warmth and expectation of the normal person. Again there are the outwardly lucky ones who receive every conceivable assurance of family affection and social advantage but carry within themselves always the prospect of their own self-destruction. Their personalities are too sensitive or too weak to cope with the indignities and brutality of life and eventually death seems a preferable alternative. As we become more civilised and sophisticated the old elemental hold on life lessens and it becomes correspondingly easier to be finished with it.

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 21—Health Centres

In July, 1964, a letter was addressed to the Town Clerk drawing attention to the difficulties many general practitioners were encountering as a result of developments within the City. Four practices were faced with loss of premises and others were placed in increasingly unsatisfactory surroundings. A request was made that the local authority as a matter of urgency should help in finding and providing adequate central premises. Initially some twelve doctors were concerned and since they had surgeries in the urban centre and drew their patients from every part of the town, they felt strongly that any accommodation provided should be centrally situated. A peripheral surgery would mean that some patients would have to travel a correspondingly longer distance and make two bus journeys.

This request was treated as a matter of the utmost importance by the Health Committee who were of the opinion that the doctors' needs would best be met by the establishment of a health centre. This was agreed to by the general practitioners concerned and the whole matter was under active investigation at the end of the year.

SECTION 22—Care of Expectant and Nursing Mothers and Children under School Age.

(a) Ante-Natal Clinics.

These are held at the Tything Nursing Institute which proves a convenient and central venue. Examinations are carried out by the Tything midwives, a doctor being present at one session each week. During the year 534 mothers attended, an increase on the 1963 figure of 528.

(b) Relaxation Classes.

These classes, three of which are held each week, are conducted by Mrs. Perry-Keen, Physiotherapist to the Worcestershire County Council, to whom I would express my thanks for undertaking this work. The mothers are given talks on pregnancy and child-bearing, in addition to receiving instruction in the technique of relaxation. These classes do a great deal towards promoting the confidence of the mothers

and helping them to look forward to their confinements without any undue worry. During 1964, 239 mothers made 1,069 attendances.

(c) Mothercraft Classes.

Miss Olive Keywood, Superintendent of the Tything Nursing Institute, reports :

“368 attendances were made by 85 expectant mothers and two adoptive mothers to these classes. They are held every Wednesday evening at 7.30 p.m. at the Tything Nursing Institute.

“The mothers are given talks and demonstrations on baby feeding and bathing, diet in pregnancy and home safety, particularly as it affects the young baby and the toddler. They also have the opportunity to exchange views and discuss their problems in an informal atmosphere.

“These classes are conducted by the pupil midwives, under the guidance of one of our training midwives who attended a course of instruction in the teaching of parentcraft. We feel that this experience gained by the pupils is a valuable part of their training.”

(d) Care of the Unmarried Mother.

Worcester is not a town of trembling morality. It remains a stable community where family ties are firm and licentiousness regarded with a decidedly unfavourable eye. Young people grow to maturity in quieter vein than is perhaps usual in these uninhibited times and this is reflected in the relatively low level of illegitimacy.

I am indebted to Miss Margaret Grundy, Social Worker to the Worcester Diocesan Association for Moral Welfare Work, for the following information :

“66 new cases from the City of Worcester were referred for help and of these 48 were illegitimate maternity cases.

“In the autumn a short course for prospective and registered Foster Parents was arranged. Judging by the response and interest it was greatly welcomed and several new foster homes were found as a result. We would like to express our thanks to those who co-operated in the effort, Dr. Barnardo's Homes, County Children's Department and the City of Worcester Health Department.

“Members of the A.Y.P.A. from St. Barnabas, Worcester, have helped in various ways, including gifts of Christmas

presents for the less fortunate babies and children, and the decorating of the interviewing room.

“Regular hours of service have also been given by several other interested people, mainly in the office and with transport, this kind of help is greatly appreciated.

“Thanks are due to the Health Departments, hospital staffs and others for their interest and co-operation.”

Mother and Baby Homes :

12 unmarried mothers had their babies at a Mother and Baby Home, the major part of the cost being borne by the Health Committee.

(e) Dental Care of Expectant Mothers and Young Children.

Mr. E. R. Dowland, Principal Dental Officer, reports as follows :

“30 mothers were inspected and treated during the year and 25 were made dentally fit.

“It was noticeable that most of these patients had attempted to keep their teeth in order and in the cases where full dentures were supplied, it was only the remaining teeth, often heavily filled and beyond further conservation, that had to be removed. Only 79 permanent teeth were extracted and 10 full and 5 partial dentures supplied in replacement. Many patients needed only a few conservations which totalled 47.

“41 infants were inspected and 39 required treatment; 35 were made dentally fit.

“Unfortunately many children still have an introduction to the dentist through pain. A few who are co-operative have conservative work done, either permanent fillings or silver nitrate applications. 14 fillings and 11 teeth were silvered during the year.”

(f) Women's Advisory Clinic.

During the year numbers increased at the Women's Advisory Clinic owing to the introduction of the oral contraceptive pill. This has proved a much more attractive means of contraception and is also probably more ethically acceptable to the public.

(g) Child Welfare Clinics.

Last year saw the opening of Warndon Clinic which has proved very successful and is now being used almost to capacity. This year a smaller clinic adjoining the school at Gorse Hill was completed in October. This replaces the clinic held in the one time Day Nursery at Brickfields and also covers the Tolladine area which previously had lacked child welfare facilities. The new Gorse Hill Clinic is already very popular and attendances increased at such a rate that by the end of the year a second afternoon session was necessary.

There is undoubtedly a growing demand for this type of work and twice weekly clinics are now held at Warndon and St. John's, while the average attendance at other clinics has also gone up. For the last three years there has been an annual rise in the number of children attending :

2,222	...	...	...	...	1962
2,317	...	...	...	...	1963
2,928	...	...	...	...	1964

To meet the needs of the public the Health Committee have effected a very real improvement in the premises used for child welfare clinics. For a long time the Tything was the only one owned by the authority and most of the work was done in Church Halls and similar establishments. Now we have our own clinics at Perryfields, The Tything and St. John's, new clinics at Gorse Hill and Warndon, while a further purpose built clinic at Claines is scheduled for 1965. Private accommodation is still being used at Ronkswood, Dines Green and Cherry Orchard.

(h) Supply of Welfare Foods.

During 1964 the following quantities of welfare foods were bought by the public.

	1964	1963
National Dried Milk (Full Cream) ...	19,025	19,079
National Dried Milk (Half Cream) ...	112	125
Cod Liver Oil Bottles ...	934	884
Vitamins A and D Packets ...	1,388	1,372
Orange Juice Bottles ...	13,590	12,495

(i) National Society for the Prevention of Cruelty to Children.

I should like to pay tribute to Mr. William Andrews, Inspector of the N.S.P.C.C. for the very real help which he has given the Department during the year and for the genuine solicitude and care shown to the more unfortunate children in this area. Apart from the routine cases of ill-treatment Inspector Andrews, backed by his Committee, has shown an almost uncanny ability to provide clothing, furniture, and even money, for the benefit of necessitous children, and this has been done in such a sensible and pragmatic manner as to evoke the best results that could be obtained in the circumstances. Certainly we all very much appreciate his efforts and it gives me pleasure to be able thus to acknowledge them.

(j) Daily Minding Service.

Since the closure of our two day nurseries the care of children under five years of age has been provided by a Daily Minder Service where parents' circumstances necessitate this assistance. No charge is made to the parents of priority cases who are mostly widows, single women or those whose husbands are incapacitated by illness. The children stay with private individuals whose premises and personal suitability are approved by the Council and who are registered under the appropriate Act. To date this service has worked quite well and we allocate places among ten daily minders. Although the Daily Minding Service cannot be expected to compare in facilities and trained staff with the Day Nurseries, they have one very real advantage, viz. there are more of them and being sited in different parts of the City are generally conveniently near at hand to those who need them. 33 priority cases were placed with daily minders during the year.

(k) Assessment of Very Young Children.

Both Dr. Henderson and Dr. Allington having attended the appropriate courses are qualified to assess very young children using the Ruth Griffiths scale. 18 children were so tested during the year, some transferred from the At Risk register and others referred either by Health Department staff or from the hospitals. Of these, two children were found to be severely subnormal, 9 had definitely retarded intelligence probably necessitating special schooling at a later date, and one young child who was referred to the Child Guidance Clinic, also showed signs of severe emotional disturbance.

(l) Congenital Abnormalities

69 congenital defects were recorded in 1964 of whom 49 were notified to the Ministry of Health for inclusion in that year's statistics. The following table shows a list of these defects graded according to the official classification.

Eye, Ear

Deformity of ear	2	(1 also had cystic swelling in vagina)
Accessory auricle, right ear ...	1	
Unformed pupil of right eye ...	1	

Alimentary System

Bilateral cleft palate and hare lip	1	(also severe talipes)
Tongue tie	3	
Congenital hypertrophic pyloric stenosis	2	
Oesophageal Atresia	1	
Pyloric Stenosis	1	
Acholuric jaundice	1	

Heart and Great Vessels

Congenital heart condition ...	4	
Coarclation of Aorta	1	

Respiratory System

Bent nasal septum	1	(also small penis)
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Uro-Genital System

Hypospadias	2	
Ectopia Vesicle	1	
Congenital Hydronephrosis ...	1	
Small Penis	1	(also bent nasal septum)
Congenital abnormality of left kidney. Hydronephrosis and dilation of terminal calices	1	

Limbs

Talipes	...	...	...	12	(1 also had cleft palate and hare lip)
Extra toe, left foot	...	...	...	1	
Deformity, 5th digit right foot				1	
Deflexion of 5th finger bilateral				1	
Congenital dislocation of hips				1	
Deformity of 4th digit right foot	...	...	...	1	
Bilateral talipes	...	...	...	3	
Polydactyl	...	...	...	1	
Unstable hips	...	...	...	1	
Calcaneus deformity. Bilateral termination of abduction of hips	...	...	...	1	

Other Skeletal

Skull deformity	...	...	...	1	
Facial deformity	...	...	...	1	
Several hemivertebrae upper dorsal scoliosis	...	...	...	1	

Other Systems

Naevus	...	...	...	5	
Swelling on neck	...	...	...	1	
Dimple on base of spine and muscular weakness	...	...	...	1	
Cystic swelling in vagina	...	...	...	1	(also abnormal left ear)
Blisters on trunk and limbs	...	...	...	1	
Haemangioma on forehead	...	...	...	1	
Hairy mole on right knee	...	...	...	1	
Subcutaneous lump left elbow				1	
Birthmark on forehead extending over right eyelid	1	

Other Malformations

First arch syndrome	1
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Central Nervous System

Anacephalus and spina bifida			2
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Hydrocephalus	2
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(m) Phenylketonuria.

This very rare disease which might be described as a metabolic disorder, results in very severe and progressive mental subnormality unless prompt diagnosis and treatment are made in the first months of life. Fortunately a very simple test, to wit the "Phenistix" urine test has been designed to simplify the screening of newly born babies and this can be carried out conveniently and effectively in the first few weeks of life.

All children born in 1964 and those who came to live in the City shortly after birth had a phenylketonuria test. No positive cases were found. The test is carried out on two occasions, viz. at the first visit to the infant by the health visitor and again when the infant is six weeks old. The number of tests in 1964 was 2,411. Two families refused to have a health visitor visit the home and two further families were unco-operative and refused to have a second test.

PREMATURE LIVE BIRTHS

PREMATURE LIVE BIRTHS														PREMATURE STILLBIRTHS
Weight at birth	Born in hospital			Born at home or in a nursing home						Born				
	Total births	Died			Total births	Died			Total births		Died			
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days			within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	
2lb. 3oz. or less	3	3	—	—	—	—	—	—	—	—	—	3	—	at home or in a nursing home
Over 2lb. 3oz. up to and including 3lb. 4oz. ..	3	1	—	—	—	—	—	—	—	—	—	3	—	
Over 3lb. 4oz. up to and including 4lb. 6oz. ..	13	2	2	—	—	—	—	—	—	—	—	3	1	
Over 4lb. 6oz. up to and including 4lb. 15oz. ..	13	—	—	—	1	—	—	—	—	—	—	—	—	
Over 4lb. 15oz. up to and including 5lb. 8oz. ..	31	—	—	—	7	—	—	—	—	—	—	1	—	
Total	63	7	2	—	8	—	—	—	—	—	—	10	1	

SECTION 23—Domiciliary Midwifery

In spite of the shortage of midwives we have been able to maintain our staff at full strength during the year. This is partly due to the fact that we have a Part II Training School which has been a profitable source of recruitment, and partly to the flexibility of our establishment which permits district nurses holding combined district nurse/midwife appointments to give temporary help in the midwifery field in times of crisis.

All midwives receive essential car user allowances while pupil midwives may draw on a transport pool of two minivans. For night work and duties in outlying areas of the City pupil midwives may also hire taxis.

The proportion of home to institutional confinements rose slightly this year, 25% of total confinements taking place in the home. On the other hand a considerable number of mothers, 248 in all, were discharged from hospital before the end of the lying-in period and under arrangements made with the hospital authorities they and their babies were looked after for the rest of this time by the domiciliary midwives.

Worcester is fortunate in having not only a progressive obstetrical unit at Ronkswood Hospital but also a general practitioner maternity home in Shrub Hill Hospital which is much in demand. Co-operation between the three parts of the maternity service is very close and I should like to thank those in hospital and general practice for all they have done during the year to ensure that the system works smoothly and effectively.

The table on the opposite page shows the number of premature babies born this year and it would seem that once again all those born at home and nursed entirely at home survived. While recognising that the more precarious cases are transferred to hospital this is still very creditable to the domiciliary midwives.

Miss Olive Keywood, Superintendent of the Tything Nursing Institute and Non-Medical Supervisor of Midwives, reports :

“During the year, 296 mothers were delivered in their own homes in the City of Worcester. Actually 298 babies arrived, as we had two sets of twins. The arrival of twin girls on the 29th February caused quite a lot of excitement, especially as they shared with a Royal baby the doubtful advantage of having a birthday only once in four years.

“In addition to the home deliveries, the midwives and their pupils cared for 248 mothers and babies confined in hospital but discharged before the tenth day.

“Our Part II Training School was visited by Miss Snelling, Educational Supervisor of the Central Midwives Board.

“Twelve pupil midwives entered for the Part II Examination of the Central Midwives Board and eleven were successful.”

SECTION 24—Health Visiting

Our health visitors worked extremely hard during the year and apart from their routine duties with regard to young children and school children have become increasingly involved in the care of old people, the mentally ill and problem families.

One health visitor has been attached to a general practice and as this has proved most successful plans are in hand for another two health visitors to be seconded in this manner during the coming year.

I am grateful for the help given me during the year by Miss A. A. Buttimore, Superintendent Health Visitor, who reports as follows :

“Staff :

“Two members of the staff left in 1964. Miss Kendrick, who came to Worcester as a health visitor in 1957, did valiant service in the centre of the City and in the St. John's area for a period of five years prior to her retirement on the 30th September. Miss Hands, who was appointed in 1959 to the post of Tuberculosis Visitor, proved an admirable liaison officer between Health Department and Chest Clinic and worked most perseveringly in the epidemiological field. Indeed it might be said that her hard work played some part in reducing the incidence of tuberculosis for on her retirement a full time replacement was no longer considered necessary. We wish Miss Kendrick and Miss Hands many happy years in retirement.

“Five health visitors joined the service in 1964 : Mrs. Marshall in February, Miss Higgins in October, and Mrs. Sinclair in November. Mrs. Hiles and Miss Jones, our two health visitor students, were successful at their examinations and joined the staff in July and December respectively.

“Courses :

“Two health visitors attended Refresher Courses during the year and the Superintendent Health Visitor attended three Conferences, two of which were on the training of health visitors. One health visitor attended a course of training on Family Planning in Birmingham.

“At the kind invitation of Dr. Hudson-Evans all the staff visited the Ministry of Health Artificial Limb and Appliance Centre, at Selly Oak, Birmingham, which proved to be a most interesting and rather unusual occasion. The Worcester Branch of the Royal College of Midwives kindly invited us to a Study Day held during the year and also to a most intriguing discussion on oral contraception. Many of the staff were also at a weekend Conference at Henwick Training College organised by the Probation Officers, an event which was much appreciated.

“As we now have our own film projector it is possible to show many more films to the staff to help them keep up-to-date with modern trends and a start on this was made in the latter part of the year. In particular a film on Phenylketonuria proved of great assistance as so few positive tests are seen by the health visitors in relation to the very large number of investigations carried out.

“Two lectures on the work of the health visitor/school nurse were given to the student nurses at the Worcester Royal Infirmary and one to the students at the Teachers' Training College. Approximately 40 student nurses spent a morning with us, each health visitor taking a small group round in turn.

“Apart from providing training for our own students we also welcomed a student seconded from the London County Council for a period in the autumn. One of the staff was also attached on a part-time basis to Dr. Crane, the Educational Psychologist, who was then without a psychiatric social worker. It has proved a very handy way of gaining experience in this field.

“Early in 1964, a health visitor was allocated to a general practitioner practice. The experiment in Worcester City has proved successful and the health visitor finds her closer association with the doctors very satisfying. The number of her visits was greatly increased, particularly amongst the aged. Although allocation of health visitors to general practitioners will no doubt prove expensive to the service as more staff will be required, it will certainly give a much better service to the community eventually.

“The number of visits paid by the health visitors to children in the home during the year increased by about 300 from 1963. This was due not only to the quite considerable increase in the new births but also to having more staff doing concentrated visiting to children from the age of six months.

“The health visitors helped considerably during the year with advice to mothers following the introduction of oral contraceptives at the weekly clinic held by Dr. Allington. Dealing with the less knowledgeable for whom this service is primarily intended, it is essential to have home visiting available to make this project a success.”

SECTION 25—Home Nursing

Each year I have to report that there has been an increase in the number of cases cared for by the home nurses, a total of 949 being nursed during 1964 representing an extra 60 cases. It is interesting to see that of these 642 were aged 65 or over and this preponderance of old persons does mean that the actual nursing is becoming more and more laborious. I am happy to say that our nurses and pupils carried out their work with real sympathy and interest in the difficulties of the patient and I should like to thank them and their Superintendent, Miss Olive Keywood, for the very able and devoted manner in which the service has been maintained.

Miss Olive Keywood, Superintendent of the Tything Nursing Institute reports :

“Throughout the country the traditional patterns of district nursing are changing. More part-time nurses are employed, pre-sterilised and disposable equipment is becoming increasingly available, and closer liaison with the general practitioner is being established. We have endeavoured at the Nursing Institute to keep abreast of modern methods and the following developments have taken place :

“(a) Employment of part-time nursing staff.

“Three state registered nurses who have domestic and family commitments, have been employed on a three-quarter time basis. Not only have they given valuable service, but they have also taken the training course for district nurses, and now all hold the certificate of the Queen’s Institute of District Nursing and National Certificate in District Nursing.

“(b) Disposable Equipment.

“Polythene gloves are rapidly replacing the older type of rubber glove, linen containers for equipment have been superseded by polythene bags, and pre-packed sterile dressings are now being carried for emergency use. It is envisaged that other disposable equipment will be used as it becomes available. The use of this type of equipment has two great advantages. There is far less risk of infection being carried from patient to patient, and nursing staff are not spending valuable time cleaning equipment for re-use.

“(c) Liaison with the general practitioner.

“At the beginning of December, one Queen’s District Nurse was allocated to work with a group of general practitioners. It is early yet to estimate the success of this experiment, but it is hoped that it will lead to greater co-operation between doctor and district nurse, with a consequent improvement in the service given to the patient.

“During 1964 nursing attention was given to 949 patients. 39,038 visits were paid, about 77% of which were to people over 65 years of age. No really bad weather was experienced during 1964, so that travelling did not present the difficulties which it did in the previous year.

“63 Student and Pupil Nurses from the Worcester Royal Infirmary School of Nursing spent half a day observing the work of district nurses.

“In May the Nursing Institute was visited by Miss Bathgate, one of the Public Health Nursing Officers of the Ministry of Health.

“Ten State Registered Nurses entered for and passed the examination for the Certificate of the Queen’s Institute of District Nursing and National Certificate in District Nursing.

“I personally very much appreciate the opportunity which was given to me to attend a week’s course on Mental Health, and also to attend the Royal College of Nursing Conference on ‘The Reform of Nursing Education’.”

Marie Curie Memorial Foundation, Day and Night Nursing Service

Miss Olive Keywood reports :

“The demands made upon this service more than doubled in 1964. Eighteen patients were cared for and altogether nearly 800 hours of nursing care were given.

“This scheme is quite distinct from the normal district nursing service. From the voluntary funds of the Marie Curie Memorial Foundation, a certain amount of private nursing can be provided for very ill cancer patients. This relieves the relatives of some of the intolerable strain of caring for a patient by night as well as by day. No charge is made to the patient or his relatives, but it is hoped that where possible a donation will be made to help to defray the cost of the service.

SECTION 26—Vaccination and Immunisation

Vaccination and Immunisation are offered against smallpox, poliomyelitis, diphtheria, whooping cough and tetanus. Where the last three diseases are concerned triple antigen giving protection against all three in each single injection, is used. B.C.G. vaccination of school leavers under Section 28 of the National Health Service Act is carried out and it is perhaps more appropriate to record the results of this along with the other forms of immunisation.

Diphtheria Immunisation.

I am pleased to report an increase in the number of children who completed a full course of primary immunisation as well as in those receiving a booster injection. Primary immunisation against diphtheria is mainly by triple antigen (diphtheria/whooping cough/tetanus) and this course is started when the baby is two months old, booster doses being given at 18 months, five years and again at eight years.

*Diphtheria :**Return for the year ended 31st December, 1964.*

	Children born in years :							
	1964	1963	1962	1961	1960	1955-1959	1950-1954	Total
Number of children who completed a full course of Primary Immunisation in the Authority's area (including temporary residents)	539	526	85	29	13	150	18	1,360
Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier age)	—	293	371	21	27	565	166	1,443

Smallpox Vaccination :

This procedure is recommended in the second year of life and as far as possible we try to carry it out immediately after the first birthday.

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated) during the year ended 31st December, 1964	
	Number vaccinated	Number revaccinated
0 to 3 months	80	—
3 to 6 months	25	—
6 to 9 months	6	—
9 to 12 months	33	—
1	562	—
2 to 4	36	6
5 to 14	11	26
15 or over	32	129
Total	785	161

Whooping Cough Immunisation :

Number of children who have completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the Authority's area during the year ended 31st December, 1964.

Year of birth	Number of children
1964	535
1963	524
1962	85
1961	28
1960	9
1955-1959	16
1950-1954	4
Total	1,201

This figure is a satisfactory advance on the 1,053 done the previous year.

Poliomyelitis Vaccination :

Return for the year ended 31st December, 1964.

<i>Class</i>	<i>Number vaccinated with two injections</i>	<i>Number who received three doses of oral vaccine</i>
Children born in 1964	—	218
Children born in 1963	6	720
Children born in 1962	9	159
Children born in 1961	—	58
Children and young persons born in the years 1943 to 1960 ...	3	339
Young persons born in the years 1933 to 1942	4	85
All others ...	6	253
Total ...	28	1,832

Number of persons who received third injections	...	32
Number of persons who received fourth injections	...	13
Number of persons who received a reinforcing dose of oral		631

*B.C.G. Vaccination :**Return for the year ended 31st December, 1964.*

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the N.H.S. Act.

A. CONTACT SCHEME (Circular 72/49)

(i) No. skin tested	...	...	...	128
(ii) No. found positive	...	...	...	9
(iii) No. found negative	...	...	...	117
(iv) No. vaccinated	...	...	...	67

B. SCHOOL CHILDREN SCHEME (Circulars 22/53, 7/59 and 6/61)

(i) No. skin tested	...	...	...	1,136
(ii) No. found positive	...	...	...	136
(iii) No. found negative	...	...	...	981
(iv) No. vaccinated	...	...	...	959

C. STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS
(Circular 7/59)

(i) No. skin tested	...	...	...	Nil
(ii) No. found positive	...	...	...	Nil
(iii) No. found negative	...	...	...	Nil
(iv) No. vaccinated	...	...	...	Nil

SECTION 27—Ambulance Service.

The Worcester City and District Voluntary Ambulance Service is responsible for this work under an agency agreement with the City Council. Based on the new ambulance station built in 1958 as a joint undertaking of City and County, the service covers the southern part of the County as well as the entire City area. Its ability to function efficiently at a very economic level is due to generous support by volunteer members of the St. John Ambulance Brigade and the British Red Cross Society who give valuable and effective help mainly in the evenings and weekend periods.

Mr. G. C. Hutchison, Ambulance Officer, reports :

“Although there is a slight decrease in the number of patients conveyed during the year compared with the previous year, journeys and mileage have increased due mainly to the centralisation of specialist hospital services. The increase of day patients and early discharges, most of which are stretcher patients, which not only affects the patient/mileage ratio, but increases the need for two men crews, added to which the reduction of railway facilities, i.e. closure of lines, and increased Pullman type rail carriages in use, has increased long distance single patients transport by roads.

“Vehicles :

6 Stretcher/Sitting Case Ambulances

1 Sitting/Stretcher Case Ambulance

1 Sitting Case Ambulance

“During March, 1964, the four wheel drive Austin Gypsy Ambulance came into service and as envisaged has proved an unqualified success particularly in getting to the site of the incidents which have been away from the recognised roads.

“Radio :

“I have nothing to add to my report of 1963 on this means of communication between Control and Ambulances except to say that it has become so much a part of the service, that I propose only to refer to radio in the event of any important development in the future.

“Audible Warning Devices :

“In my report last year I stated that the Committee had decided to instal all ambulances with alternation horns to assist the driver to get through traffic when on an emergency call. I am pleased to say that, with the co-operation of the Police, the results have been most gratifying, particularly during peak traffic periods in the City.

“Staff :

“Due to the increase of road transportation, stretcher cases, etc. and manning difficulties during the night hours, the Committee have decided to increase the staff in 1965.

“Cases undertaken during the year :

Accident or Emergency	...	...	...	1,160
Others	...	...	...	18,829
				<hr/> 19,989 <hr/>
Sitting Cases	...	...	...	14,341
Stretcher Cases	...	...	...	4,488
Journeys	...	...	...	8,600
Total Mileage (including residue)	...	...	...	66,569”

(a) Infectious Patients

During the year 1964, 669 journeys were made covering a distance of 8,679 miles. Of this mileage, 2,316 miles related to County patients and 3,222 to work done on behalf of the Hospital Management Committee.

(b) Car Hire Service

Total persons carried	...	...	...	...	52
Journeys	...	...	...	...	39
Mileage	...	...	...	...	869

(c) Transport of Chiropody Patients

Total persons carried	...	...	...	...	311
Mileage	...	...	...	...	1,650

(d) Hospital Car Service

This service is operated through the agency of the South Worcestershire Hospital Management Committee from the Worcester Royal Infirmary.

During the year 2,940 patients were carried over a distance of 35,329 miles at a cost of £1,350.

SECTION 28—Prevention of Illness, Care and After-Care

(a) Prevention of Deafness

We have now maintained an At Risk register for some five years and at present there are 914 names on it. The hearing of these children is tested at six months and again at two years. Those who fail the tests are re-examined by the School Medical Officer and Peripatetic Teacher of the Deaf. Finally if a hearing loss is confirmed the last referral is to the Ear, Nose and Throat Clinic at the Worcester Royal Infirmary.

Statistics of At Risk Register :

914 children on At Risk Register on 31.12.64.

63 hearing testing sessions held.

404 children were tested at 6 months, 12 being re-tested as the first test was not satisfactory.

219 children were tested at 2 years, 4 were re-tested as the first test was not satisfactory.

44 children on the At Risk Register failed to keep two appointments for testing at 6 months.

86 children failed to keep two appointments for testing at 2 years.

The incidence of non-attendance has very much improved since last year, viz. 152 in 1963 for the 6 months test compared with 44 in 1964, and 107 in 1963 for the 2 years test compared with 86 in 1964. This improvement in attendance is possibly partly due to the fact that all health visitors now take part in the testing of children from their own areas and sessions are held in the local clinic where possible. Claines, Ronkswood and Dines Green areas are, however, still without this facility.

Mr. Joy, the peripatetic teacher of the deaf, continues to be a tower of strength to this service. He trains the uninitiated members of staff as they join us and also sees those children whose hearing is in doubt. He also frequently attends the testing clinic held by health visitors on Tuesday mornings.

17 cases were referred to him during the year for his opinion, all but two of whom were found to have normal hearing. The two exceptions were not confirmed as deaf but did require further observation.

While we are testing these children a careful watch is kept for the presence of other handicaps and in particular for mental retardation. If the latter is suspected either Dr. Henderson or Dr. Allington apply the Ruth Griffiths tests which are most

useful in establishing the presence of mental subnormality and indeed supply valuable evidence of other latent defects.

I should like to thank Mr. T. S. Stewart and Mr. I. W. McGregor, Consultant E.N.T. Surgeons at the Worcester Royal Infirmary, for their co-operation and help in this work.

(b) Prevention of Tuberculosis :

Notifications and Deaths :

<i>Year</i>		<i>Respiratory</i>		<i>Non Respiratory</i>	
		<i>Notifications</i>	<i>Deaths</i>	<i>Notifications</i>	<i>Deaths</i>
1955	...	64	8	3	2
1956	...	58	6	10	0
1957	...	52	7	4	0
1958	...	29	1	6	2
1959	...	35	5	5	0
1960	...	33	9	1	0
1961	...	22	6	1	1
1962	...	33	7	2	0
1963	...	15	6	2	0
1964	...	20	5	2	0

Although there was a slight rise in the number of notifications of respiratory tuberculosis in 1964 this was compensated for by a decrease in the number of deaths which was the second lowest on record. This is in spite of the fact that Worcester by virtue of its position and the kindly inclinations of its inhabitants is a natural centre for vagrants who are particularly susceptible to tuberculosis, and who therefore, without malice, make a disproportionate contribution to the number of notifications.

After Care :

During 1964 the functions of the Worcester Tuberculosis After-Care Committee were carried out on a restricted basis. Owing to lack of funds, it was necessary to reduce the amount of milk supplied to tuberculous patients to three pints weekly. A small stock of clothing and bedding is maintained from which patients have been supplied.

Miss E. B. M. Hands, Tuberculosis Visitor, retired on the 7th November. The Department's establishment was amended to provide for the appointment of a health visitor with special

responsibilities for tuberculosis. Miss P. Higgins was appointed to this post and took up her duties on the 1st October.

(c) Convalescent Holidays

Ten adults were sent on convalescent holidays during the year, five of whom were mothers accompanied by their children.

(d) Loan of Nursing Comforts

The issue of medical equipment and comforts has for some time been centralised at the Tything Nursing Institute and is carried out by the Superintendent of District Nurses, Miss Olive Keywood, who reports :

“This service continues to expand, 745 articles being loaned in 1964, an increase of 154 over 1963.

“We now have on loan two ‘Easicarri’ hoists. These are hydraulic hoists, by which a relative can, single-handed, lift a heavy patient out of bed and into a chair easily and without strain. This means that patients who might otherwise have to spend most of their time in bed may now be taken from room to room and out of doors in a wheelchair. The patients to whom these hoists are at present loaned are both comparatively young. It is not difficult to realise what a great difference such a piece of equipment makes to their lives.

“This loans service entails a great deal of work. Where possible we ask relatives of patients to collect the articles and to return them after use. But as so many patients and their relatives are aged, this is by no means always possible. I would like to pay tribute to the nursing staff, and to Mr. Stone our handyman and van driver, who willingly deliver and collect so many articles. The clerical work involved is also considerable. This is most efficiently undertaken by our clerk, Mrs. Shurmer.”

(e) Health Education

Dr. Douglas Snell undertakes the supervision of health educational activities amongst our staff and reports as follows :

“In the limited time available for specific health education work my main efforts were directed to bringing home to children of school age the dangers of the tobacco habit and particularly of cigarette smoking. I gave talks to groups of children in selected schools and had useful discussions with the staff on the occasion of routine medical inspections. Posters and leaflets were distributed.

"During the summer term we were fortunate in having a further visit from one of the travelling teams of speakers provided by the Central Council for Health Education on a two year programme launched in 1962. As their previous visit had been to secondary schools arrangements were made this time for them to speak to the top two forms of all the primary schools. At each school two short films in sound and colour were shown. The first entitled 'The Smoking Machine' was specially directed to children of the 9 to 11 year old group and most of the actors were in this age range. The second film "Smoking and You" dealt with the problem more scientifically. It was specially intended for secondary schools but was of obvious interest to the 11 year olds.

"Conversation with the older children in primary schools is much freer and franker than with the more self-conscious teenagers. My impressions are that they are well aware of the connection of smoking with cancer of the lung although some think that is the only kind of cancer in humans. Although over 90% come from homes in which one or both parents smoke they are ready to tell me that a very large number of these parents have tried to, or want to, give up. Many of these young children and particularly the more intelligent, would be happy not to acquire the regular smoking habit, but at this stage they do not realise the terrific social pressure they will be up against. Most of them have a healthy respect for the power of the national government and always ask why Parliament does not take a stronger line to curtail smoking. The stopping of advertising on Independent Television is useful but they still see smoking in nearly every public place and even in parts of hospitals. Taxation is not thought of as a deterrent and one girl of 14 thought her parents would still smoke the same amount if the price of 20 cigarettes was raised to 30/-.

"As well as the risk of dying in later life from lung cancer the attention of children is drawn to the general impairment of health caused by smoking, and particularly to its contributory role in bronchitis and heart disease.

"It is pleasing to report the good influence of the staff in the majority of schools. The children are able to observe that the proportion of teachers who do not smoke at all is higher than in the general population as is the number of men who smoke pipes rather than cigarettes.

"For several months I assisted Dr. Henderson in running a weekly Anti-Smoking Clinic which met in the evenings at

Church House. In spite of several advertisements of the clinic in the press the number brave enough to attend was small, but figures show that the meetings were of real value to them individually. It is also known that they were encouraged by these meetings to enter into lively discussions on the subject with their colleagues in factories and offices.

“Following public interest aroused by the Typhoid outbreak in Aberdeen the Technical College organised a course in the autumn leading to the Royal Society of Health Certificate in the Hygiene of Food Retailing and Catering. Half the lectures were given by the Deputy Chief Public Health Inspector and half by myself.

“Health visitors continued their major contribution to the health education of the general public in the course of visits to homes and interviews at clinics. In addition short courses and individual lectures were given by them to school girls, foster parents and those concerned with the care of the aged.

“Doctors and the Superintendent Health Visitor continued to assist the spread of ‘First Aid’ knowledge to the public by taking part in lectures, examinations and competitions promoted by the Red Cross Society and the St. John Ambulance Association.

“Work on the renovation of the crypt in Church House was completed so that by the end of the year adequate facilities became available for talks, demonstrations and the showing of cinematograph films. At the same time similar improvements to the top storey of the building provided a desk and some storage space for health education material. This has made it much easier to arrange for the ordering and distribution of posters, books and leaflets to clinics, schools and to the general public. During the year equipment for visual aids benefited by the acquisition of a new ‘Bell and Howell’ Cine Sound Projector.”

In July a One-Day Conference was held in the Guildhall in which talks were given to our staff by Miss Collyer of the Central Council of Health Education. The County Health Education Officer attended and as a result he arranged for a further visit by Miss Collyer to which members of our staff who had not been free to attend at the Guildhall were invited.

The Chest and Heart Association held a Conference in Guildhall, Worcester, on the 19th November, 1964, under the Chairmanship of Alderman F. Rosa Ratcliffe, Vice-Chairman of the Worcester Health Committee, the subject for this

occasion being Stroke Rehabilitation. This meeting proved a most successful and useful one and a large proportion of the Health Department staff were able to attend.

Anti-Smoking Clinic

Dr. E. G. Henderson, Deputy Medical Officer of Health, reports as follows :

“In view of all the propaganda about smoking which has been and is being issued, it was thought advisable to commence an Anti-Smoking Clinic in connection with the Health Department, Worcester. Accordingly, a notice was inserted in the local press giving the day and time it was to be held. The first session was held on 11th March, 1964, and was attended by eleven people (7 men and 4 women). The sessions were continued once weekly for approximately 20 weeks.

“The sessions took the form of discussion groups, talks by Dr. O'Donnell and Dr. Snell and the showing of slides and of films. Posters were on display; leaflets and bookmarks were available and were eagerly accepted.

“The attendances varied from thirteen per session down to one or two per session. When the numbers had gone down, another notice in the evening press brought a large number in again, usually new people.

“Anti-smoking tablets were issued in five cases.

“There were thirty-six on the roll, many of whom did not attend more than once or twice.

“Cards were prepared for recording the number of cigarettes smoked per day at the beginning of the sessions and for the daily number smoked thereafter. Each new attender was supplied with one of these which was to be brought in weekly after each day's smoking had been filled in. Those who had given up smoking were an incentive to the others who were trying hard to give up entirely.

“A questionnaire was sent out on 4th February, 1965, to twenty-seven clinic attenders for the purpose of deciding if the Anti-Smoking Clinic should be re-opened this year. Replies were received from fourteen of these, seven of whom had given

up smoking. The length of time for these seven persons (six men and one woman) is as follows :

12 months

11 months

1 month

9 months

9 months

15 weeks

6 months—then smoking again and now 3 weeks off.

“There were five people who asked for and were given tablets, but none of these five has given up smoking. These people appeared to think that smoking could be cured, like an illness, by taking tablets and without any effort on their own part.

“The most successful were those who stopped smoking suddenly without tapering off the number of cigarettes smoked.”

(f) Family Care

Problem families continue to incite a necessary, but perhaps disproportionate amount of attention from services concerned with their welfare. The health visitors do a great deal to maintain these families in the community and work closely with the Child Care Officers to this effect. My own impression is that where the mother is lacking a great deal can be achieved by patient, assiduous advice in restoring the family to a normal way of life. Unfortunately when the husband is at fault this is not so easy. Very often he is a man of psychopathic personality with no sense of involvement in the family worries and with that very patrician attitude to the dignity of human labour which approves it most in others. As he generally lacks any real sense of care and affection for his family and all too often keeps most of the money coming in for beer and cigarettes, it is small wonder that his wife and children live at a more or less subsistence level and have neither the energy nor the inclination to improve themselves.

Some experts are critical of the time and care devoted to these people, but there is really no alternative as it would be doubly unjust if the children raised in these unfortunate circumstances were to be neglected by the community not of their own fault, but because of their parents' inadequacies. Perhaps the greatest tragedy is that unless the inordinant needs of problem families are met by the generosity in time, effort and facilities that must seem unfair to more hard-working but still

needy families, their children never acquire a real social sense and when they grow up become in turn progenitors of problem families.

(g) Meals on Wheels

This service is now undertaken by the Welfare Committee, the meals being prepared at Hillborough and delivered throughout the town by the Women's Voluntary Service. Many old people become increasingly disinterested in food particularly in its preparation and eventually subsist on those comestibles which require the least effort in cooking. Eventually they arrive at a stage where tea, bread and butter, cold meats and tinned food comprise their main diet. The serving of a hot meal twice a week by an outside agency is very acceptable to them and a real contribution to their health and welfare.

(h) Chiropody Service

Our chiropody service caters for the priority classes, to wit, the elderly, physically handicapped and expectant mothers. There is a concurrent scheme for preventive chiropody in school children. Treatment is available at a clinic in the Health Department on an appointment basis and five sessions are held there weekly, patients being referred by general practitioners or local authority doctors. Transport is provided by the Hospital Car Service when necessary and those who are housebound can have home treatment. In cases of emergency patients may also be treated at the chiropodist's private surgery.

Miss J. E. Price and Mrs. M. R. Gilbert, two fully qualified chiropodists, have continued to serve on a sessional basis. I should like to thank them for the very excellent work which they have done during the year, also Mr. Steffans, Secretary of the Worcester Royal Infirmary, who administers the Hospital Car Service and who has helped us so much in the transport of the less mobile patient.

		1962	1963	1964
No. of patients	... ..	363	400	465
No. of treatments given	...	1,478	1,565	1,687
No. of domiciliary visits	...	446	543	626

As can be seen from the above figures the demand for chiropody among old people continues to increase and the Health Committee has decided to ask for additional sessions in the coming year.

(i) Provision of Incontinence Pads (Circular 14/63)

As a general rule incontinence pads are supplied only to patients who are under the care of the district nurses, only in occasional instances are they otherwise supplied, principally because the vast majority of this type of patient receives home nursing care.

During the period 1st October, 1964, to 31st December, 1964, a supply of 70 dozen pads was made to 30 patients which worked out at an average of 28 pads each. No charge is made to the user.

The disposal of these pads has not presented any great difficulty. This matter was discussed with the City Engineer and it was agreed that they should be enclosed in polythene bags and placed in the dustbin.

Personally I am not keen on issuing incontinence pads to patients who are not being cared for by the home nursing service. If a patient is incontinent, in all probability she needs the services of a district nurse, and we would much rather look after these patients in the early stage of the defect while their skin is in good condition than see them at a later date when perhaps they have bed sores and we have been contacted as a last resort.

(j) Fluoridation (Maypole Method)

The City Council at their meeting in October, 1963, agreed to the following recommendation :

“That the Council make arrangement for the controlled addition of sodium fluoride to water supplied from the city waterworks to the level appropriate for prevention of dental decay; provided that it is established that such arrangements would not be illegal; the necessary apparatus to be installed as part of the contract for the extension of the waterworks.”

The City Council at their meeting in October, 1964, resolved that this Minute be rescinded.

‘Eppur se muore’—Galileo.

SECTION 29—Home Help Service

Miss C. J. Pain, Home Help Organiser, reports :

“The Home Help Service, at the end of 1964, has completed almost two years under the administration of the City Health Department—the main feature of the year being the continued expansion of the Service.

"Being an emergency service our aim has been to give immediate help to those in need, and to give the right type of help to fit each individual case. It is to be expected that cleaning and cooking play a considerable part in helping the sick and the aged, but in addition to this, the Home Helps have strived to give a personal service to the householders, and to perform small additional tasks which mean so much to people who are bedridden or housebound. The Home Helps have been very willing to adapt themselves to the different types of cases which they have had to cover.

"For the second time a course of lectures was arranged for twelve of the new Home Help recruits. Miss Barker, Head of the Domestic and Catering Department at the Worcester Technical College, very kindly helped in arranging the lectures and allowed us to use the domestic science room. People from various Departments gave lectures which were very interesting and instructive. The subjects included :

Personal problems of the elderly.

Catering and cooking for the elderly and invalids.

The care of invalids and emergency midwifery.

Prevention of accidents in the home.

Budgetting and economical shopping.

Old and new methods of laundrywork.

Hygiene in the home and prevention of spread of infection.

"Arrangements were also made for visits to the Gas Showrooms, the City Fire Station, Hillborough and Oaklands Old People's Homes and the Handicapped Centre for disabled persons. The course of lectures gave the Home Helps an insight into the work of other branches of the social services and as a result they realise that they themselves form an important link.

"A considerable increase in the number of cases has materialised during 1964. The figures below show how the Service has expanded and the work increased since it was taken over by the Health Department in April, 1963.

	Year	No. of Cases	Full-time Home Help Equivalent
Administered by W.V.S.	1962	368	31.2
Administered by Health Dept.			
from April, 1963	1963	534	31.9
	1964	635	34

“The number of Home Helps allocated does not compare with the increase in the number of cases on the books, that is, only 3 full-time Home Helps have been allowed for an additional 267 cases. A great deal of adjustment has had to be carried out and in spite of very careful planning of work it has been almost impossible to cover the cases adequately. This difficulty can be understood when a new case coming on to the books may need daily help, and sometimes as much as ten hours or more per week. However, the Health Committee has provided for increased staff in 1965.

“Cases where help was provided during 1964 :

Persons aged 65 years or over	...	...	513
Chronic sick and tuberculous	...	...	47
Mentally disordered	...	...	5
Maternity	...	...	27
Others	...	...	43
Total cases covered	...	...	635

“Number of Home Helps, 1964 :

Full-time	...	4
Part-time	...	46 (equivalent to 30 full-time)

“The Home Help Service has become almost a seven day a week service, and the demand for weekend help is increasing. The Home Helps are appointed to work a five day week only, but a weekend rota continues to operate for emergency cases manned by a few very willing volunteers.

“Householders who are covered by the Home Help Service continue to make use of the Over 60's laundry which is administered by the W.V.S. on their own premises. The actual laundering is carried out by two Home Helps during the first half of the week, but the collection and delivery is undertaken by members of the W.V.S. to whom we are most grateful.

CARE OF THE AGED

Miss Ruth Wilkes, Senior Medical Social Worker, reports as follows :

“By August of this year enough information had been obtained about the needs of the elderly in the City to form the basis of a preliminary report which follows this

introduction. Plans are in progress for making a more detailed analysis of certain features of the work, for example, the care of old people returning home from hospital and the use and availability of the health and welfare services. There is a particular need to study the special problems arising from the state of being old, for old age is a time when, to paraphrase T. S. Eliot, the approval of fools really stings. Margery Fry spoke of 'the need for those who make a study of the latter end of life to re-interpret with insistence the old to their successors'; such a study sees old age from within by learning at first hand of the experience of those who are themselves old.

"The Department's register of old people has increased to 1,600 and this figure is reached after allowing for the removal from the register of those who have died during the year. Those on the register are known to at least one of the official services, but they have not necessarily been referred for social work help. Not all would wish, or need, to be visited, but it would be possible to send to each of these persons a list of the services available and to offer to visit those who would like these services explained to them, or who have a problem they would like to discuss with someone. A start has been made in developing this idea.

"Requests for social work help continue to be made and although there is still a need for the service to be more widely known and better used, the problem is to find ways of providing continuity of care for those already known to the department, while ensuring that the less straightforward problems are assessed and dealt with. Visiting the elderly is increasingly considered by health visitors to come within their purview and ways of co-operation between health visitors and social workers are being considered and put into practice. This raises questions relating to differences of functions between these two professions; questions to which much thought will need to be given during the next few years as more trained social workers enter local authority health and welfare departments as a result of the recommendations of the Younghusband Committee.

"The co-ordination of statutory and voluntary effort is proving a difficult task and one which is surrounded by pitfalls for the unwary. However, visits made by students, by school-boys and girls and by adults have been much appreciated by the old people concerned."

During the year Miss Wilkes presented a preliminary report on the needs of old people in Worcester and this has also been received by Council. I include it in my report as a major item of research which may be of interest to readers outside the area of the local authority.

PRELIMINARY REPORT ON THE NEEDS OF OLD PEOPLE IN WORCESTER

Purpose of the Enquiry

The aim is to find out what use is made of the services by old people living in the community and whether there are any unmet needs.

Summary

Several points stand out :

1. There is considerable resistance by old people to some of the services existing for their benefit, notably :

Housing Policy;

Welfare Homes;

Chronic Sick Hospitals.

Official policy for old people swings between two extremes : either they are herded into groups and forced to live a communal life in places where there is no privacy' worthy of the name and where they can have few, if any, of their own possessions; or they are isolated on new housing estates where they are cut off from the people and places they know and, very often, are even cut off from their families.

2. At the other extreme, some of the services are held in especial esteem, notably :

The National Assistance Board;

The District Nursing Service;

The General Hospitals.

The Home Help and Chiropody Services also come into this category, but these services are considered by the old people to be inadequate to meet the need.

3. Visiting of the old is largely limited to the services which are obliged to visit, either by virtue of the job or because of a statutory obligation to visit, namely; the National Assistance Board, General Practitioners, Home Help Service, District Nursing Service and Blind Welfare Service. At the start of this enquiry regular supervisory visiting by general practitioners, health visitors, welfare officers, the Church or voluntary organisations, was exceptional.

4. The old people in this study are receiving considerable support and practical help from relatives and neighbours. Some relatives do nothing but many go to heroic lengths to look after old people in the family. Some old people considered their neighbours to be antagonistic but far more were receiving practical help from neighbours. The majority felt they could call on their neighbours in a crisis, but frequently neighbours do not offer to help and old people do not like to ask. Many old people keep themselves to themselves and do not, as they say, 'believe in neighbouring'. Often neighbours are old themselves or are out all day working.

5. The personal problems of the old people in this study were mainly concerned with :—

Loneliness;

Lack of mobility;

Unsatisfactory housing;

Insecurity and fear of being moved;

Lack of money;

Feelings of rejection.

6. The welcome given to my visits leaves no doubt that the old people in this study have appreciated the interest taken in them by the Health Department. Some said visits made them feel they were not neglected and perhaps some had a feeling of security in knowing the name of a person they could turn to. A few felt it a comfort to be left alone after the first visit but most welcomed an occasional visit and some liked regular visits every 4 to 6 weeks. It was unusual for further visits not to be requested.

Apart from visiting for specific purposes, e.g. to take applications for admission to Homes, there seems to be a need for four different kinds of social service visiting :—

(1) Visits to those who may be in need of information about the services available, especially people of 75 and over living alone and those returning from hospital.

(2) Regular visits to those who run the risk of being in difficulties later, in order to gain the old person's confidence so that help may be accepted when required.

(3) Friendly visiting to alleviate loneliness. There is a need for more voluntary workers, especially for 'people who have been given some training or guidance on how to approach old people and how best to help them'. (Ministry of Health, Annual Report, 1962).

(4) A casework service to help old people to solve personal problems which cannot be dealt with by straightforward advice.

7. Those concerned with the care of the elderly work in isolation and this is against the interests of the old. Old people's problems often concern a variety of people simultaneously—Welfare Department, Housing Department, Home Helps, District Nurses, Health Visitors, Almoners, General Practitioners, etc., but there are no official opportunities for all these people to discuss problems together. Many people would welcome an occasional case conference where those with first hand knowledge of these problems can air their views.

This is essentially consumer research and although the interpretations are mine, the thoughts and feelings expressed are those of the old people.

Great care was taken about making the initial contact. With six exceptions, visits were always made with the prior consent of the old person and by appointment. Almoners, the Assistance Board and most General Practitioners obtained the old person's consent before making the referral. Three people going home from hospital preferred not to be visited and this wish was respected. Six people called in at the office and the others readily gave their consent to be visited at home. The visits were all well received.

The Sample

The sample includes all people of pensionable age who I was asked to see during the period from April, 1963, to the beginning of July, 1964. All but six of these people were seen at home.

Table 1

Married	Single	Widowed or Separated	Total
81	36	181	298

Total households : 298 (approximately 380 people).

144 people were living alone (130 women and 14 men).

There were few people under 70 and about a third were over 80.

Table 2

Ages							Total
60-64	65-69	70-74	75-79	80-84	85-89	90 +	
13	45	55	84	68	30	3	298

(In each case the age taken is that of the person referred or, in the case of married couples referred together, the age of the older person.)

When interpreting the figures it is important to know how these people came to be referred.

Table 3

By whom referred					
Almoners	...	...	...	...	90
G.Ps.	...	...	...	...	40
Hospitals	...	...	...	...	36
N.A.B.	...	...	...	...	22
Health Visitors	...	...	...	...	21
Medical Officer of Health	...	...	...	...	20
Chiropody Clinic	...	...	...	...	18
Church	...	...	...	...	11
Home Helps	...	...	...	...	7
Relatives	...	...	...	...	7
Neighbours	...	...	...	...	5
Self	...	...	...	...	5
Other	...	...	...	...	16
Total	...	...	...	...	298

The referrals mentioned in 'Other' include the Good Neighbours, Mental Welfare Officers, Housing Department, Psychiatric Social Workers, Education Department, District Nurses, N.S.P.C.C., and a Chemist's Shop. It should be noted—

- (1) that the sample is heavily weighted by the number of people known to the hospitals;
- (2) that most of the referrals from G.Ps. have come from a firm which takes a particular interest in the care of the elderly;

- (3) that referrals from the Church all came from the same Church and nearly all from the same Deaconess;
- (4) that referrals from the Medical Officer of Health nearly all concerned housing problems of people living in private accommodation.

It is also worth mentioning that there were no referrals from the Welfare Department or from the W.V.S. and this must have some bearing on the evidence concerning clubs, visiting and residential homes. In general the bias has been deliberately in the direction of those thought to be 'at risk', i.e. people over 75 years, especially those living alone and those known to have health problems.

The information obtained mostly concerns households rather than individuals except for those living alone where the household and the individual are the same thing. This is because most of the services support the household, directly or indirectly and where this is not true, as in the case of Clubs, Homes and Hospitals, the information concerns individuals. Personal problems, too, are peculiar to individuals.

In some cases it was only possible to interview one person because others were either away from the home or were too ill or mentally confused to be interested in conversation.

In this interim report the information given was obtained at the first interview, unless otherwise stated.

THE EVIDENCE

Housing

Over half of the households visited were living in private accommodation and roughly half of these were owned and half rented. The rest were living in council accommodation, almshouses or privately run homes :—

Table 4

Type of Accommodation	Number	No. who wish to move
Council Bungalows	6	1
Council Flats	72	26
Council Houses	28	5
Private Accommodation	176	23
Almshouses	9	—
Private Homes	6	2
No Fixed Abode	1	—
Total	298	57

Roughly one in every three of those in Council flats wants to move compared with one in every seven in private accommodation. Twenty-six households want to move from their present Council flats. Three of these are living in the centre of the City, nine on the Warndon Estate, eight on the Dines Green Estate and six on the Ronkswood Estate. All but three of the twenty-three living on the outskirts of the City want to be transferred to the Centre. All of the twenty who wanted to move to the centre had previously lived for many years in old parts of Worcester and all but three had been born in Worcester. Only one had a relative living near their present accommodation, but fifteen had relatives in Worcester who visited under difficulties. This contrasts with those who were contented with their council flats :—

Table 5

	Number living in Council Flats	
	who wish to move to the centre	who are contented
Relatives living nearby	1	16
Relatives living in Worcester	15	26
Relatives living elsewhere	3	1
Other	1	3
Totals	20	46

The category 'Other' includes those who have no relatives or whose only relative is living with them.

It is also evident that those who were contented with their council flats were more frequently visited by relatives than those who were not :—

Table 6

Visits made by relatives	Number living in Council Flats	
	who wish to move to the centre	who are contented
Daily	—	8
Weekly	7	21
Frequently	3	12
Occasionally	7	1
Never	2	1
Not Applicable	1	3
Totals	20	46

Nearly half of those who were happy in their council flats lived in central properties compared with three out of the twenty-six discontents.

Those who were happy in their flats received more practical help from neighbours than did those who want to move to the centre :—

Table 7

Help from Neighbours	Number living in Council Flats	
	who wish to move to the centre	who are contented
Available in a crisis	12	20
Hostile	3	2
No Help	2	2
Doing Practical Jobs	3	22
Totals	20	46

It is sometimes said that old people who object to moving to new housing estates like it when they get there. In this connection, the following table is revealing :—

Table 8

Length of time in council flats of those wishing to move to the centre					
Less than 1 year	...	...	...	...	4
1-4 years	...	...	...	...	10
5-10 years	...	...	...	...	4
Over 10 years	...	...	...	...	2

All had lived in their flats for over six months which seems long enough to have given it a trial.

In descriptive terms those who wanted to move to the centre complained of the loneliness of life on a new housing estate, the impossibility of starting a new life and making new friends and acquaintances at the advanced age of 70 or 80, the high prices in the few shops on the estates and the cost of bus fares in and out of the City. Relatives and friends found it hard to visit and some of these old people see no one for days at a time. They also disliked the quietness of a deserted Estate and said there was nothing to look at. Others complained of noise made by the numerous children. Some felt the insecurity of having no kin near at hand to help them should they become ill. Many found the flats an improvement on their previous dwellings and would have been happy enough had they been situated in the area where they had previously lived, but they felt like prisoners on the new Estates—‘I like my flat lovely, but I feel like a bird in a gilded cage’; ‘I always say I live in a prison’. Some said that central properties were being demolished when they were in good condition or might have been modernised and made suitable to live in and there was considerable resentment that old properties have been demolished to make room for car parks and garages or even left derelict. The flats themselves came in for criticism and special reference was made to their extreme coldness in winter, a fact which adds considerably to the rigours of geriatric visiting.

Of the 46 who liked their flats, 22 lived in Warndon or Dines Green and of these 3 would have preferred to have been in the centre but had resigned themselves to staying put. Ten of those who were contented to live on a new housing estate had relatives living nearby and three had relatives living with them. A few were very fit and able to get about without difficulty and two were working. Theirs, in fact, was a markedly different situation from those who were discontented and emphasises the point that separation from family as well as removal from the district is a great cause of unhappiness among old people who have been rehoused.

Those in private accommodation who wished to move (twenty-three households) gave a variety of reasons. Six were in condemned or condemnable property and six were in houses which were too large for them to manage. The others had health troubles which made it difficult for them to continue in their present accommodation, and two wished to leave because they were having trouble with their neighbours. These people considered they had little chance of being rehoused especially as landlords were often said to want to sell the property and would not, therefore, agree to the Housing Department's requirement to accept others on the housing list in exchange. There are landlords who are reluctant to do more than is legally required of them to properties occupied by old people and some of these dwellings were in a bad state of repair. All but three had lived in their present accommodation for more than a year and over half had lived there for over ten years, including six who had been in residence for over thirty-five years.

There is a certain amount of hidden discontent among the remaining 153 who expressed no particular wish to move. Some of these are in houses which they know to be unsuitable but, as they think they have no hope of being suitably rehoused, and would not consider moving to Warndon or Dines Green, they have decided to stay on and make the best of it. One woman of 84 said she did not think she would survive another winter in her present house, but, as there were no suitable alternatives, she supposed nature would have to take its course.

The people who were content to stay in private accommodation form a very stable population :—

Table 9

Length of time in present houses—private accommodation					
Less than 1 year	...	...	...	...	9
1-4 years	...	...	...	...	10
5-10 years	...	...	...	...	13
Over 10 years	...	...	...	...	114
Lifetime	...	...	...	...	2
Not known	...	...	...	...	5

Ninety-three people are known to have been born in the City (71) or County (22) of Worcester. Forty-eight had lived in their present accommodation for thirty-five years or more and twenty-three of these had lived in the same house for fifty years or more.

Twenty-four of these 153 households received daily visits from relatives and 36 had relatives living with them. Only a few were dependent on their relatives but it was fairly easy for relatives to call in if necessary and relatives from a distance could call when they were in Worcester :—

Table 10
Private Accommodation

Frequency of Visiting	Relatives Living			None	Living with only Relative	Totals
	Nearby	In Worcester	Other			
Daily	11	12	1	—	—	24
Weekly	6	20	4	—	—	30
Frequently	5	21	2	—	—	28
Occasionally	1	19	32	—	—	52
Never	—	1	4	—	—	5
Not Applicable	—	—	—	7	7	14
Totals	23	73	43	7	7	153

About a third received considerable help from their neighbours and the rest either did not get on with their neighbours or were content to feel they could call on them if necessary. There was a general feeling that it was unwise to let your neighbours know too much about you in case the people in whom you had reposed your trust proved unable to mind their own business. 'This street should be called "Nosey Parker Street".'

Table 11

Private Accommodation

Help from Neighbours			
Available in a crisis	...	...	58
No Help	...	...	10
Hostile	...	...	8
Doing Practical Jobs	...	...	53
Not Applicable	...	...	24

Those living with younger people are excluded from this table because there is not the same need for help from neighbours in these cases.

Welfare Homes

Several of those interviewed had recently been resident in Welfare Homes. Ten were admitted during the year and of these, four are known to have died within a few months of admission, one left after a few days and another after a few weeks, one was a holiday admission and of the three still remaining in the homes, one only agreed to be admitted on condition that she should return home in the summer. Of all those concerned in this study, only three have expressed a positive wish to go into a Welfare Home, one of these was admitted and discharged herself after four days, one moved into a private flat and the other was admitted to a chronic sick hospital. The others were all admitted under pressure

of circumstances or duress from authority. Of the seven who left Welfare Homes, none wish to return. (This does not include two people who were admitted to the Board Room in Hillborough for a temporary period during the winter of 1962-63). They do not want to lead a communal life with people whose company they have not chosen and whose personal habits they often dislike. There were complaints that most of the other residents were 'funny' in the head with the result that there was no one to talk to and the company was uncongenial. Some did not like the lack of privacy; they felt the need for occasional solitude.

The possibility of going into a Home is very threatening to most old people and the subject was seldom discussed unless it was brought into the conversation by someone else. Nevertheless, during the review period a considerable number of people are known to have been referred to the Welfare Department for admission to a Home or have had this line of action recommended to them by doctors, relatives or others. It is not known how many of the old people were told they would be better off in a Home, but fifty-six people declared their intention of refusing to consider such a course should anyone be so bold as to suggest it and some have already refused to make an application when the Welfare Officer called. They did not want to lose their independence and even the loneliest preferred no company at all to company that was uncongenial. There was tremendous resistance to the idea of going into the old workhouse and although these old people know that the workhouse has a new look they were not deceived—'They tell us it is all different now, but we know what it is.' To them the workhouse is what it always has been and it will never be anything else. The spirit of Betty Higden is not dead in the old people of Worcester and it is the wish of many of them to die untouched by workhouse hands, however reformed.

This is a problem which needs to be seen in a wider context, but recent research on the subject is not reassuring*.

Private Homes

Only nine people had any experience of living in privately run Homes; six of these had been, or were still living, in Homes which set out to cater for at least six old people and

* Townsend, Peter : 'The Last Refuge—A survey of residential institutions and homes for the aged in England and Wales'. Routledge and Kegan Paul, 1962.

employed staff to help; the other three were living in owner occupied houses where the owner took one, two or three people and charged fees to care for them. The standard of care varied from a large Home which employed a resident nurse and welcomed visits from district nurses, doctors and welfare officers, to a private house where the owner, herself a pensioner, looked after two or three old people with the help of her family and where a bedridden old woman had lived for seven years without seeing a doctor or a nurse. Of the nine, six were pleased with the care they received and four of these were in the same Home. The figures are too small for conclusions to be drawn, but when there were difficulties they were attributed to differences of opinion with the owner of the Home, dissatisfaction with the care received and feelings of insecurity resulting from a situation where the old person could be asked to leave at short notice. Those who were happy said they liked the company and felt they and their families were treated with consideration by the staff.

Under present legislative requirements, establishments of this kind can come into a number of different categories and may be visited and inspected by a number of different authorities or by no one at all. The question is a complicated one, but it is worth considering a recently suggested remedy† that a duty should be laid on general practitioners to notify local health and welfare authorities of all bedfast or house-bound old people living in private or non-private households, other than institutions. This would provide a safeguard against the possible isolation and defencelessness of individuals living in establishments which are not subject to public registration and supervision.

Hospitals

One hundred and fifty-five of those concerned in this study had recently spent a while in hospital and twenty-eight were admitted during the review period and eighty-four were first referred by an almoner. Only twenty-two were patients in a chronic sick hospital and eighteen of these were seen after discharge from hospital. One hundred and twenty-one of the others seen had recently been discharged from a general hospital and the remainder had been in chest or mental hospitals.

† Woodroffe, C. and Townsend, P.: 'Nursing Homes in England and Wales—A study of public responsibility'. National Corporation for the care of Old People, 1961.

Accurate follow-up information is not available for all those discharged from hospital but it is known that twenty-two have been re-admitted to hospital and in all except four cases the reason appears to have been a deterioration in their medical condition. Two others were admitted to welfare homes after they had been at home for several months. Twenty-one of those discharged home are known to have died, thirteen died at home, seven in hospital and one in Hillborough. This aspect of the study needs further enquiry as some of the patients have been home for not more than a month or two, but it is evident that some old people have gone home from hospital against advice from various sources and have managed very well, sometimes without using any of the services designed to support them at home. It is gratifying that only one person has raised any serious criticisms of either of the two general hospitals and the one critic was a colourful character, a former member of the Royal Worcesters, who has perhaps never fitted into any kind of institutional life and who is best described as 'an old soldier in more ways than one'.

The chronic sick hospitals have not rated very high in the popularity poll. The numbers are small and only indicate the feelings of certain individuals, but although only eighteen were seen on discharge from a chronic sick hospital, there are a further twenty-two who were known to resist the idea of admission to such a hospital, and some of these were living at home under difficulties.

Most of those returning home from a chronic sick hospital spoke of the kindness of the staff and patients and relatives were glad to have a port in a storm. Two expressed positive pleasure when speaking of their stay there, one because she liked the company and the other, who was a retired regular soldier, said it was 'like being back in the Army'. Four others had no particular criticisms to make, but two of these were too mentally confused to offer an opinion and it was evident that their admission had been an enormous benefit to their

relatives. The main criticisms came from a vocal group of twelve people. Two of these had discharged themselves and nine were resolved never to return. They did not like being put into a ward where most of the others were mentally confused so that they had no one to talk to; they complained of overcrowding and shortage of lavatories for patients who were often incontinent; some disliked the lack of privacy and nearly all complained of having to fit into a hospital regime which was not suited to their normal way of life and which seemed to them to be autocratic, e.g. they could not understand why, according to their statements, they were obliged to start their day at 4.00 a.m. or 5.00 a.m. Some complained of lack of treatment and asked why they could not have been admitted to a 'proper hospital' and some had had a frantic feeling that their health would have deteriorated had they stayed in hospital any longer. They disliked being segregated into special hospitals. There was intense resentment that Worcester people should have to go to Evesham, a fact which must present General Practitioners with many very difficult problems.

Contact with the Church

Particular attention has been given to the contribution of the Church, because, in a Cathedral City, it might be expected that the Church would have considerable influence on the lives of the old. In fact the Church makes very little impact on the lives of most of the old people in this study :—

Table 12

Denomination	Contact with the Church (Main contact only)					
	No Contact	Visits made by Church			Clubs	Attends.
		Pastoral		Holy Communion		
		Regularly	Occasionally			
Anglican	201	23	36	5	4	8
Roman Catholic	1	3	1	—	—	1
Non-Conformist	—	8	2	—	2	3
Totals	202	34	39	5	6	12

Approximately two-thirds of the households in this study had no contact with the Church; only thirty-nine being visited regularly and in five cases the visits were for the purpose of giving Holy Communion. In this context 'regular' means that visits were repeated at intervals of not less than four to six weeks in so far as elderly memories could recall. Fourteen of those receiving regular visits by this definition were visited by the same Deaconess of the Anglican Church—a woman who had retired and was visiting in a voluntary capacity. Thirty-nine households were visited occasionally, i.e. at irregular intervals and sometimes only two or three times a year (usually the old person could not remember the occasion of the last visit but was conscious of receiving a visitor from the Church from time to time). Some of those who were visited also attended church occasionally, but very few could do so, largely because of lack of mobility.

Of those who had no contact with the Church, only one claimed to be other than Church of England and some said they had been keen church attenders in their time. It is probable that some have never had much contact with the Church.

The contributions of the Church is a matter which calls for further study but it is evident that the Church is not fully alive to an awareness of its social responsibilities concerning the old. This is causing ill feeling among the old, some of whom complained that the Church held itself aloof from the people, and only concerned itself with the righteous who went to Church and considered those who stayed at home to be unworthy of attention. Some had problems they would like to have discussed with a Minister and the clergy may have to brush up their theology if they are to make a useful contribution to the spiritual welfare of the elderly. Social visits for a cup of tea and a chat were not always well thought of. In general the feeling was that the Church does not consider pastoral visiting to be part of its function and many had resigned themselves to the situation. 'Fortunately I can pray to the Lord for help without waiting for the Vicar to call' was one woman's astringent summing up.

General Practitioners

Table 13

Frequency of Visiting by General Practitioners					
Regular	...	...	...	...	67
Supervisory		...	...	...	35
On request only		...	...	...	195
Other	...	...	...	...	1
Total	...	...	...	...	298

(‘Regular’ means visits to people who are known to be ill and who require treatment; ‘supervisory’ means visiting at fairly regular intervals in order to keep an eye on a situation which may break down later).

Sixty-seven households were being visited regularly at the time of the first interview but most of these were being visited by doctors whose normal practice is to visit by request only and who, presumably, will resume this practice in the event of the patient’s recovery. Two-thirds of the households visited do not receive a visit from the doctor unless someone sends for him. Only thirty-five were receiving supervisory visits and most of these were made by the same firm of General Practitioners. The sample is heavily weighted by the number of old people discharged home from hospital and this must have had some effect on the figures for regular visiting.

Most old people were very satisfied with the service given by their doctors and some spoke of their doctor with real affection. Some felt neglected, especially those of advanced age who found it difficult to travel to and from the surgery and who often could not afford the bus fare. Many of those living alone would have appreciated the support given by supervisory visiting and some must find it difficult to call a doctor in an emergency. Those who received supervisory visits were appreciative of their doctor’s interest in them. Some, on the other hand, preferred to call their doctor when they needed him and would not have liked him to call otherwise. It must be said too, that not all doctors are good at geriatric visiting and a hasty, offhand visit to an old person is worse than no visit at all. There seems to be a need for flexibility in the service offered by General Practitioners.

Only sixteen of those interviewed appeared to be fit and knew of nothing wrong with them. The most common afflictions claimed affected :—

Heart and Chest	...	...	82
Muscles and Joints	...	...	43
Feet or Legs	...	...	42
Sight	...	...	31
Hearing	...	...	25
'Nerves'	...	...	23
Stroke	...	...	19
Stomach	...	...	13

Twenty-six people had a known diagnosis of Cancer and sixteen were known to be Diabetic. Most of the information was based on statements made by the old people themselves and a proper medical enquiry would be needed to obtain an accurate picture. It is evident that few of the old people concerned felt themselves to be in perfect health and some had heavy burdens to bear. Frustration caused by lack of mobility was a frequently voiced complaint.

Use of other Services

Table 14

First Visit Only					
National Assistance Board	...	...	...	...	105
Home Help	...	...	...	...	92
District Nurse	...	...	...	...	58
Chiropody Clinic	...	...	...	...	27
Clubs—Church	...	...	...	...	6
—Welfare	...	...	...	...	7
—Voluntary	...	...	...	...	18 = 31
Visiting—Welfare	...	...	...	...	25
—Health	...	...	...	...	21
—Voluntary	...	...	...	...	21 = 67
Meals on Wheels	...	...	...	...	20
Other	...	...	...	...	14
None	...	...	...	...	63

There were only thirty-one mentions of club attendances (the number of people involved is less because some people attended more than one club), but, although this figure would have been higher had the Welfare Department or W.V.S. referred anyone, it can be said that the people in this series were not very keen on clubs and national figures show that only a very small proportion (14 per cent) of old people do, in fact, attend clubs. It is proposed to make a more detailed study of the needs which clubs can and cannot meet. It is also necessary to know more about the kinds of people using the Home Help Service and of the help given by this Service. It is known that there are many people who would be entitled to a Home Help who refuse to apply for one. The charge of 5/- an hour is considered by some to be extortionate, especially when private help is seldom available. Many have never earned as much as 5/- an hour in their lives and do not see why they should pay this amount out of their hard earned savings. Some have refused the services of a Home Help, or do not receive as much help as they would like because of the cost. It is unfortunate that in the case of the old people returning home from hospital the assessment period coincides with the first week after discharge and crisis measures have sometimes to be taken. A certain amount of worry and work might be avoided if the services of a Home Help were free of charge for the first week after the discharge of an old person from hospital.

The figures for the National Assistance Board are almost certainly too small as people do not always wish to reveal the sources of their income to someone they do not know very well. Information concerning the use of all the services will, as far as possible, be checked at a later date.

Regular visiting was mostly limited to blind welfare. Other visiting was usually occasional and for specific purposes, e.g. application for admission to a Home or attendance at a Club.

Some of the services were brought into use as a result of first and subsequent interviews and information about this will be collected during the follow-up period.

CASE SUMMARY

Mrs. S., who is over 70, lives by herself in an upstairs flat where she has lived nearly 20 years. She is a diabetic and has had failing sight for several years. She was referred to me in an indirect way by someone who knew her.

At the time of the first visit Mrs. S. said she had never asked for help before, and although she was finding life very difficult she could not bring herself to do anything about it. She seemed to be lonely and in financial difficulties and described herself as a leper because few people came near her. Her sight was worsening but she did not want to attend the Eye Hospital; she attended the Diabetic Clinic at the Infirmary, but had stopped doing this because she did not feel like bothering and she did not want transport to be arranged for her so that she could attend more easily; she only had her pension and she did not want to apply for a supplement; she did not like the idea of a friendly visitor because she said it would worry her to have strangers coming in. She eventually agreed to have Meals on Wheels and said she would like the Minister of her Church to be asked to call.

Within five months, taking one thing at a time, she was registered as a blind person and now receives a Blind Pension; she accepted weekly visits from two college students and said she looked forward to their visits; she now attends the Diabetic Clinic regularly and transport is provided, and she has accepted the services of a Home Help. When I last visited she seemed much happier and she is beginning to think she was rather foolish in the past for not accepting help.

The job of helping Mrs. S. solve her problems is a time consuming one and so far has involved nine visits, six letters, seven telephone calls and several discussions with the Almoner at the hospital and with Miss Pain, who has visited twice.

MENTAL HEALTH SERVICES

Community Care Service.

The staff assigned to the care of those predisposed to or suffering from mental disorder and living in the community consists of Mr. W. H. Horne, Senior Mental Welfare Officer, and Mr. J. A. Everett, Mental Welfare Officer.

The complexity of this work and the need to maintain the closest possible liaison with general practitioner, hospital staff and various interested voluntary and statutory concerns imposes a great responsibility on its exponents who must engage many sources of help to the best interest of the patient. In this respect we are particularly fortunate in the good relations which we enjoy with the staff of Powick Hospital, and I am particularly indebted to Dr. A. M. Spencer, Medical Superintendent, for the way in which he has brought the various officers into the hospital ambience. The Mental Welfare Officers attend appropriate meetings and lectures at Powick and are enabled to visit in the wards cases whom they will later look after when discharged. They are free to seek the advice of the hospital doctors whenever the need arises. The integration of hospital social workers and local authority mental welfare officers is well advanced and reflects a general pattern of widespread and generous co-operation so as to promote this work to its fullest advantage.

One new extension of this mutual interdependence was a monthly meeting at the Health Department attended by the social workers from Powick Hospital on the one hand and the Medical Officer of Health, Mental Welfare Officers and Senior Medical Social Worker on the other. This gives us an excellent opportunity to discuss City cases and find out in which ways they may be best helped. Very often the most critical requirement is housing and it is pleasant to recognise the very real help received from the Housing Committee who are very sympathetic to the needs of the mentally ill.

Mr. W. H. Horne, Senior Mental Welfare Officer, reports as follows :

“Admissions :

“Out of a total of 309 admissions to hospital only 45 of these patients were admitted under compulsory orders. This is the same number of admissions by compulsory order as in 1963.

"It may be significant that total admissions during 1964 were 4.5 per 1,000 compared with 4.25 per 1,000 in 1963, while in 1954 the admission rate was 2.6 per 1,000. This would indicate that psychiatric illness requiring hospital admission has almost doubled within the last ten years, but the correct interpretation is very difficult to give because it is possible that a larger number of cases are recurring. This presumably is due to more dramatic recovery from the illness, leading to earlier discharge from hospital or perhaps to the psychiatrist's faith in the patient to follow instructions to take a drug prescribed in the correct dosage. This faith is sometimes shattered in two ways: either the patient takes no drug at all or he takes too much, so that over-dose or under-dose will ultimately lead to readmission. In these situations the mental welfare officer is hard put to use all the powers of persuasion at his command to effect informal admission. Should this fail he must assume the role of an authoritarian and resort to legislation and compulsory admission.

"Discharges and After-Care :

"Although it is possible for a patient to be seen by a general practitioner, psychiatrist, analyst and psychologist, the present vogue is for the relief of mental disorder to be medicinal. As there are a variety of chemical compounds which give symptomatic relief from the illness by affecting the mood, this leads to early discharge from hospital, often with more than a week's supply of the drug.

"Many patients discharged require little or no after-care, but there are those more difficult cases who suffer from their own abnormal personality, or cause society to suffer; this type of patient appears to be becoming more numerous and makes great demands on both time and patience.

"Preventive Work :

"Since the mental welfare officers must work in relationship and through their ability to build and maintain a system of communication with those whom they are endeavouring to help, they must respond to many roles, and be prepared for many kinds of uncertainty. Mental hospitals have adopted new policies of community care, and therefore the psychiatrist is always available for the mental welfare officer to seek for consultation and advice. In this way he has become a member of a team, but there are those borderline cases when he must involve other social agencies. The effectiveness of visits cannot always be measured: the only criteria is when the client is out of the social difficulties and back in gainful employment.

"The number of preventive cases seen during the year is 16. Of these 2 were seen once by a psychiatrist, but not recommended for admission. All are now free from the social difficulties which would have eventually led to depressive states warranting admission to hospital. Only occasional visits are made at their request.

"Cases admitted to Powick Hospital during the year ended 31st December, 1964.

			Male	Female	Total
Informal Admissions	...	...	107	157	264
Compulsory Admissions	...	...	18	27	45
Total Admissions	...	...	125	184	309

"Mentally Subnormal

				Male	Female	Total
In Institutions	...	...	...	45	30	75
Under Supervision	...	...	...	54	49	103
Admitted to Institutions	...	...	...	1	3	4
Deaths	...	...	...	1	3	4
Mentally Subnormal attending Junior Training Centre	...	...	...	11	11	22

Services for the Mentally Subnormal

Lower Wick Junior Training Centre

Twenty-two subnormal children of school age attend the County's Training Centre at Lower Wick. They are brought there and back by minibus and during the day are happily and usefully occupied in these pleasant and purposeful surroundings. I would like to express my thanks to Dr. J. W. Pickup, County Medical Officer, and his staff, for his courtesy and help in enabling our children to benefit from this Training Centre.

Perryfields Adult Training Centre.

The Adult Training Centre has had another very successful year culminating in the completion of the Advanced Training Unit for male trainees thought to have a reasonable chance of outside employment. The foundations of this Unit were laid under supervision by the trainees themselves, a not inconsider-

able task. For the female trainees the housecraft unit on the ground floor of the main building was completed and here simple cookery, laundry and related household skills are being taught.

Several of those attending the Training Centre come from the County and our mutual interchange of services in the mental health field is indicative of the very cordial relations which prevail between the two departments.

In the Ten Year Plan the Health Committee has provided for a new Adult Training Centre of which the Advanced Training Unit is the first stage. It is hoped to complete this early in the financial year 1967/68.

I should like to thank Mr. W. Baylay for the excellent work he has done during the year and for the following report :

“Steady progress has been made throughout the year and the number of trainees who have attended the Centre since its inception rose to fifty. Of these, some stayed for a short period, then left for various reasons, employment in industry, psychiatric conditions, etc., but over the year thirty-eight have attended regularly.

“Trainees’ Work :

“A tarmac drive has been laid from the Midland Road entrance ending with a large concrete platform for car washing, the drive then swinging in an arc to the centre of the site, flanked by an ornamental wall some 2 feet high. The ground surrounding the new building has been raised and turfed, rose bushes planted and the whole looks quite pleasant and attractive. Operations have been extended to include making seed boxes, rustic fences, etc., and there has been a full and varied programme of training, the rates of pay being at a high level throughout the year.

“Handicraft Section :

“This section was inaugurated in November commencing with simple housework, preparing and cooking an average of five staff lunches daily; so far there have been no casualties among the staff and there has been no increase in the sales of indigestion powders.

“Laundry :

“The laundry is in its infancy at present and one cannot foretell the outcome of this project, but we are making progress.

“Social Activities :

“In the social field we had a trip to Bourton-on-the-Water, where we visited the miniature village. The trainees were quite excited when they heard the organ playing in the church and were thrilled at the sight of such small shops, houses, etc. A kindly farmer allowed us to use one of his fields to have tea and for games and races afterwards. The consistent chatter of the trainees in the bus on the way home was sufficient for us to know that they had enjoyed themselves.

“An Open Day was held on the last day of term in July and there was a good attendance of civic dignitaries, including the Mayor and Mayoress, also County officials, parents of some trainees, members of various societies and the Friends of Perryfields. It is very gratifying to see so many interested officials.

“A very interesting feature commenced this year—a Parents’ Association and Social Club, which is held every Wednesday evening in the dining and concert hall. Here the parents bring their children when possible and a minibus collects those whose parents cannot accompany them. The trainees play various games, listen to tape recordings of themselves, watch film shows and have a jolly good time. The parents get together and discuss their problems, either between themselves or with me. In this way we get to know each other and how best the Club would serve the trainees.

“This year was rounded off with our Christmas Party and once again I would like to thank the parents for their generosity in supplying the ‘goodies’, the Friends of Perryfields for preparing the feast, and last but by no means least, the artists who gave their services freely. It was very satisfying to see the trainees twisting to the music of guitars and drums. Father Christmas made his timely appearance and distributed the presents in his expert manner; the sparkling eyes and beaming faces gave us our reward.”

The St. Helier Youth Club and the Play Centre for the Very Young came to an end during the year as Mrs. Norah Christian, the organiser, was compelled to relinquish her work in this field owing to increasing outside commitments. I should like to express my thanks to her and members of her family for the very devoted care given so willingly to subnormal adolescents and children. In place of the St. Helier Youth Club we now have the Parents’ Association and Social Club alluded to in Mr. Baylay’s report.

Worcester Society for Mentally Handicapped Children.

I am grateful to Mrs. Thelma Higley, Honorary Secretary to the Worcester Society for Mentally Handicapped Children, for the following report :

"During February we held two money raising events, a Coffee Morning and an Old Time Dance, which raised £56 10s. 0d.

"In March members visited the Slough Sheltered Workshop and saw mentally handicapped children at work.

"At our April meeting it was agreed that the following donations should be sent :—

£25 Slough Project.

£15 St. Margaret's Holiday Home, Weston-Super-Mare.

£25 Lower Wick Junior Training Centre.

£25 Lea Hospital, Bromsgrove.

£25 Perryfields Adult Training Centre.

"67 parents and children were taken on a picnic in July to the home of Mrs. Poore, Coddington Court, Nr. Ledbury.

"Two further donations were sent in June to :

West Midlands Regional Office Fund ... £25

For Medical Research £25

"On August 29th a Flag Day was held in the streets of Worcester from which the sum of £138 8s. 8d. was raised.

"On October 3rd an Autumn Fayre held at the Guildhall raised £155.

"As a result of these two major money raising efforts, the sum of £200 was sent to the West Midland Appeal Fund to help them in their efforts to build a Training College in the Birmingham Area.

"In November members watched a National Society film, 'Learning in Slow Motion', which is one of many excellent films on hire from them.

"On December 12th, 17 parents and handicapped children attended a special Carol Service for the mentally handicapped at Coventry Cathedral.

"We were also very pleased during the summer months to send one child to St. Margaret's, Weston-Super-Mare, for two weeks to relieve the mother who was in a very nervous and run down state. I would stress that this is one of the most important aspects of our work. We like best of all to be able

to help and relieve our own members who have special problems with regard to their handicapped child.”

Social Activities for the Mentally Ill

Recreational facilities for adult mentally ill patients in the community are also catered for to a large extent by the Social Club organised by the staff of Powick Hospital and no separate undertaking by the local authority is envisaged.

Perryfields Hostel

Opened in July, 1961, the Hostel is concerned mainly with the final rehabilitation of mentally ill patients of both sexes ready for discharge from hospital without a suitable home or lodgings to go to. Before they come to the Hostel employment is found for them and during their stay psychiatric care is provided by Dr. Denis Currie and Dr. Eileen Whitelaw of Powick Hospital, who are also responsible for admissions.

By keeping the number of residents to 12 we have been able to maintain a pleasant, homely atmosphere without any great rigidity in matters of behaviour and discipline. A great deal of credit for this must go to the Superintendent who is both a registered mental nurse and a housewife, and has fostered the intangible nuances of a home while still ensuring that the treatment and morale of the patients is maintained. Mrs. M. Baylay, Superintendent of Perryfields Hostel reports :

“During the year the Hostel accommodated 27 residents, 10 female and 17 male. Of these, 15 were admitted from Powick Hospital, 3 from St. Wulstan’s Hospital, and 9 from the community. This total figure was 6 more than last year and an increase in the number received directly from the community.

“The discharge of residents from the Hostel was as follows :

- 2 returned to Powick Hospital for further treatment;
- 3 showed no sign of conforming to community life and after brief stays left the Hostel against advice;
- 15 improved sufficiently and are now living in the community;
- 7 remain at the Hostel.

“Of the 27 residents :

- 13 were diagnosed as being schizophrenic;
- 1 depressive;
- 3 subnormal;
- 9 psychopathic;
- 1 a social welfare case.

“By considering the diagnoses and evaluating the progress of the residents, there is no doubt that the schizophrenic patient benefits much more from a hostel such as this than does the psychopathic.

“It is very sad that despite real improvement, very few residents for various reasons return to live with relatives, and a hostel such as Perryfields has to remain their only conception of family life. However, this minimises the necessity of outside ‘follow-ups’ as the visits and communications of discharged residents are indeed frequent.

“The community at large remains sympathetic and, when invited, readily attends any social functions we might hold at the Hostel and a few kind citizens have shown initiative by proffering friendship and hospitality; this has been most beneficial in the rehabilitation of the resident. It is, as always, comparatively easy to find suitable employment for the resident but most difficult to promote social attachments.

“Many thanks are due to the Friends of Perryfields for their consistent help throughout the year, also to the staff here whose enthusiasm and co-operation has greatly contributed to the smooth running of the Hostel.

“Although this has not been a year of innovations, it has been beneficial inasmuch as we have had time for stabilising our position or place in the everyday life of the City”.

Friends of Perryfields

The Friends of Perryfields have been an invaluable aid to the Department and their work on behalf of the residents of the Hostel and trainees of the Adult Training Centre is an ideal example of a voluntary organisation giving the maximum help to a Health Department. This help has been both sustained and unobtrusive and it gives me great pleasure to acknowledge it. The Honorary Secretary, Mrs. M. A. Lloyd, reports :

“The work of the Friends has increased steadily throughout the year. A series of fund-raising efforts has enabled grants to be made to the Hostel and Training Centre to assist financially with outings, parties, etc., and to supply additional benefits for the residents.

“Several members of the Committee have accompanied the residents and trainees on outings; whist drives have been arranged in the Hostel and visits have been made to residents who have been ill in hospital or at Perryfields.

“With the opening of the Family Unit, the Friends extended their help to the families housed in the flats. Regular visits have been made and a floating fund established to aid these necessitous cases. With the co-operation of the Mental Health Department, it is hoped to follow up the very needy families when they are rehoused elsewhere in the City.”

Family Rehabilitation Unit

This unit which consists of two flats has proved a valuable preventive and indeed curative adjunct to our mental health services. The families admitted are helped by a team consisting of psychiatrist, mental welfare officer and a home help who is also a qualified nurse, receiving furthermore a great deal of backing from the Friends of Perryfields.

To date seven families have been admitted and though one of these proved a complete failure the other six have all benefited considerably. Indeed in one instance improvement was quite remarkable, a change being effected from what might be considered an almost social nadir to the dizzy heights of conventional suburban respectability.

During the year the Unit was selected by New Society for its “Example: New Series” and under the heading ‘Worcester Saves Families’ a detailed account of its purpose and use was described.

VISITS

We were very pleased to welcome to the Department Major C. J. Leuthwaite, R.A.M.C., for a five day visit. He was seconded from the Army School of Health to the Department for a period of training in public health practice, an arrangement which has been in force for the past three years.

We were also glad to have Dr. M. W. Hewson, a trainee general practitioner who came to us for a day from one of the practices in the City. It is always pleasant to show to a colleague at first hand the work which are are doing, and in particular to enable him to meet members of the staff who can be of service when the occasion arises.

INFECTIOUS DISEASE

I should like to record my appreciation of the unfailing co-operation given to this Department by Dr. R. J. Henderson, Director of the Worcester Public Health Laboratory, and his staff.

Diphtheria : For the thirteenth successive year there has been no case of diphtheria in the City.

Scarlet Fever : Notified cases of scarlet fever over the past few years are shown in the table below. The majority of these were of a mild nature but there were two of the frank, prolific, 1930 vintage.

Year	Number of Cases
1960	62
1961	26
1962	14
1963	5
1964	15

Whooping Cough : 35 cases of whooping cough were reported, none of which were considered severe.

Measles : It is rather difficult now to distinguish which is a measles year and which is not. In 1962 we had 326 cases, in 1963, 488 cases, and in this year 823 suffered from the disease.

Dysentery : There were 26 cases of dysentery in the City during 1964 which were notified to this Department. It is probable that more cases occurred that were confined within the household and not reported to the general practitioner.

Food Poisoning : Five cases of food poisoning were brought to my notice. In one instance the infection occurred during a business trip to Italy, while the other four cases related to one family in which the source of infection was believed to have been frozen beef.

Poliomyelitis : For the second year in succession no cases of poliomyelitis were reported. This undoubtedly demonstrates the value of immunisation against this disease.

Venereal Disease : This year saw a rise in the number of new cases of Syphilis, while new cases of Gonorrhoea almost doubled. Although the figures shown are small in relation to the population of the City they do tend to confirm the warning which I gave last year that venereal disease may again become a matter of moment in this City.

First attendances at the special clinic at the Worcester Royal Infirmary were as follows :

				1964	1963	1962
Syphilis	...	...	...	7	—	—
Gonorrhoea		...	...	34	17	12
Other Conditions		...	...	113	79	67
Total	...	...	...	154	96	79

Cases of Infectious Diseases notified during the year 1964, classified in age groups.

[illegible]

OTHER HEALTH DEPARTMENT SERVICES

(a) HOUSING REPORTS.

The Medical Officer of Health acts as adviser to the Housing Committee and its officers in the allocation of points enjoined for purely medical reasons. This involves discussion with the general practitioner and consultant concerned, very often an inspection of living conditions so that the illness or defect may be viewed in the context of its environment. In view of the demand for houses in the City this is a very serious responsibility even though the ultimate decision is undertaken by the Housing Committee. During the year 116 applications were investigated and reported.

(b) NURSING HOMES.

There is only one private nursing home within the confines of the City and this was inspected at appropriate intervals.

(c) EXAMINATION OF PLANS.

All plans are vetted by the Medical Officer of Health and the Chief Public Health Inspector. Though rather an unobtrusive chore, this duty has much to commend it as it is naturally easier to prevent mistakes than to remedy them. During 1964 1,121 plans were scrutinised.

(d) NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Four new daily minders were registered in 1964 in addition to six previously registered. One daily minder closed down. On the 31st December, 1964, there were ten daily minders registered, approved for a total of 95 children. There were three private schools with nursery classes catering for children under the age of five years registered under the Act and approved for a total of 50 young children.

Some areas of the City, Warndon in particular, are sadly lacking in adequate provision and we would welcome applicants for this work.

Regular visits are paid to registered premises by Dr. E. G. Henderson, Deputy Medical Officer of Health and the Superintendent Health Visitor.

(e) NATIONAL ASSISTANCE ACT, 1948—SECTION 47 AND
NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951.

Compulsory removal to hospital was undertaken once during the year, the lady concerned was aged, bedridden and incontinent. On admission to hospital she received intensive physiotherapy and within a short while her general condition had improved materially.

(f) MEDICAL EXAMINATIONS OF LOCAL AUTHORITY STAFF AND
OTHERS.

Health Department medical staff examined 339 local authority staff for fitness to take up new appointments, 34 persons for fitness to attend a training college, 7 teachers on first appointment and 12 persons on behalf of other local authorities.

(g) CREMATIONS.

Those to whom life has become a matter of boredom or discontent might well find consolation in the role of Medical Referee to a crematorium. There are few more effective means of reducing one's personal or public worries to size than the signing of half a dozen cremation forms as a start to a day's work. There is a quotation, the source of which eludes me about "being absolute for death", and those who are concerned with cremations rapidly acquire this philosophy. Last year there was a further rise in the number of cremations to 774.

(h) INTERNATIONAL CERTIFICATES.

336 requests were made for international certificates during the year.

SANITARY CIRCUMSTANCES OF THE AREA

Report of Mr. T. W. Marsden, M.R.S.H., M.A.P.H.I., Chief Public Health Inspector.

DRAINAGE AND SEWERAGE.

The amount of D.W.F. sewage produced by the City is 3,900,000 gallons per day, but owing to a blocked syphon passing under the River Severn only 3,800,000 gallons per day are received at the sewage treatment works. Even then, the works cannot treat the 3,800,000 gallons per day so as to produce a satisfactory effluent, and there is no provision for treatment, or partial treatment, of sewage flow beyond this figure.

A large extension of the Sewage Treatment Works was commenced this year, based on a D.W.F. of 4,900,000 gallons per day, with provision for fully treating up to 3 times D.W.F. and partially treating up to 3-6 times D.W.F. and producing an effluent to Royal Commission Standards.

A new syphon under the River Severn and approach sewers are projected.

Approximately 100 houses are drained to septic tanks or cesspools and 4 houses have pail closets.

OFFENSIVE TRADES.

At the end of the year the following premises were in operation.

			<i>Old Established</i>	<i>Annual License</i>	<i>Total</i>
Fellmongers	...	...	2	1	3
Hide and Skin dealer	...	...	1	-	1
Rag and Bone dealers	...	...	—	2	2

It was necessary during the year on account of seasonal nuisance to caution one fellmonger, due to inadequate skin storage.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963.

Three premises are registered under the above Act and have been inspected.

CLEAN AIR ACT.

During the year 8 applications to install boilers in respect of industrial premises were approved.

Five applications to erect chimney stacks were approved and four applications were not approved.

The Health Committee admonished a severe warning to an industrial firm for emission of black smoke.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

The general provisions of this Act came into effect on the 1st August, 1964, by which date all premises to which the Act applies, an estimated 1,500 in the City, should have been registered with the Local Authority, but some 700 employers failed to meet this obligation as is shown in the tables below.

It is anticipated that, with the detailed initial inspection required, it will be some considerable time before all premises are fully inspected. Matters are further complicated by Regulations authorised by the Act, some of which were made with suspended commencement dates, and others which were expected but did not materialise. However, when this comprehensive piece of legislation is fully operational, it will ensure that the long neglected non-industrial worker is afforded the same measure of protection that his industrial counterpart achieved so many years before.

Registration and General Inspections

<i>Class of premises</i>		<i>Number of Premises registered during</i>	<i>Number of Registered premises inspected</i>
		<i>year</i>	<i>during year</i>
Offices	... ..	253	2
Retail Shops	...	376	8
Wholesale Shops, Warehouses	...	55	—
Catering Establish- ments open to Public, Canteens		78	—
Fuel Store Depots		3	—
		—	—
Total	...	765	10
		—	—

Analysis of Persons Employed in Registered Premises

<i>Class of Workplace</i>	<i>Number of Persons Employed</i>
Offices	4043
Retail Shops	2778
Wholesale Depts., Warehouses	1217
Catering Establishments open to Public	672
Canteens	99
Fuel Storage Depots	19
	—
Total	8828
Total Males	3481
Total Females	5347

Reported Accidents

There were 7 accident notifications during the year in pursuance of Section 48 (1) of the Act. All of the accidents, which were non-fatal, were investigated but further action was found to be necessary in only one instance.

FACTORIES ACT, 1961.

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	40	13	2	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	335	52	5	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	89	40	1	—
Total ...	464	105	8	—

2. Cases in which Defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness	2	2	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of Floors	—	—	—	—	—
Sanitary Conveniences :					
(a) insufficient	2	2	—	—	—
(b) unsuitable or defective	5	5	—	5	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act not including offences relating to Outwork	—	—	—	—	—
Total	9	9	—	5	—

3. Outwork (Sections 133 and 134).

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list	Cases of default in sending lists	Prosecutions for failure to supply list	Instances of work in unwholesome premises	Notices served	Prosecutions
Making etc., of apparel ...	754	—	—	—	—	—
Furniture and upholstery ...	13	—	—	—	—	—
Nails, Rivets and Staples ...	—	—	—	—	—	—
Carding, etc., of buttons, etc.	—	—	—	—	—	—
Total ...	767	—	—	—	—	—

SUMMARY OF ROUTINE WORK OF THE PUBLIC HEALTH INSPECTORS

Nature of Visits, Inspections, etc.						Number of Visits, etc.
Accumulations	...	...	...	...	...	145
Animals	...	...	...	...	...	30
Ashbins	...	...	...	...	...	9
Bakehouses	...	...	...	...	...	14
Canal Boats	...	...	...	...	...	2
Cesspits	...	...	...	...	...	7
Closets : Water	...	...	...	...	...	38
Pail	...	...	...	...	...	3
Common Lodging Houses	...	...	...	...	...	1
Dairies	...	...	...	...	...	28
Dangerous Structures	...	...	...	...	...	32
Ditches and Water Courses	...	...	...	...	...	45
Drains : Inspections	...	...	...	...	...	854
Smoke Tests	...	...	...	...	...	43
Chemical Tests	...	...	...	...	...	1
Colour Tests	...	...	...	...	...	61
Entertainment Houses	...	...	...	...	...	Nil
Exhumation	...	...	...	...	...	1
Factories : Power	...	...	...	...	...	52
Non-power	...	...	...	...	...	13
Other	...	...	...	...	...	40
Food : Manufacturing Premises	...	...	...	...	...	24
Examination	...	...	...	...	...	577
Shops and Warehouses	...	...	...	...	...	402
Vehicles	...	...	...	...	...	56
Hotel and Restaurant Kitchens	...	...	...	...	...	183
Houses : Let in Lodgings	...	...	...	...	...	444
Overcrowding	...	...	...	...	...	42
Vermin	...	...	...	...	...	50
Section 17	...	...	...	...	...	289
Section 42	...	...	...	...	...	290
Public Health Act	...	...	...	...	...	2661
Hairdressers	...	...	...	...	...	7

Ice Cream : Shops	...	...	...	...	...	29
Manufactories	...	...	...	...	...	3
Infectious Disease Visits	...	...	...	...	...	162
Lectures	...	...	...	...	...	15
Licensed Premises	...	...	...	...	...	49
Markets	...	...	...	...	...	Nil
Merchandise Marks Acts	...	...	...	...	...	Nil
Miscellaneous Nuisances	...	...	...	...	...	225
Noise	...	...	...	...	...	46
Offensive Trades	...	...	...	...	...	16
Offices, Shops & Railway Premises Act : Inspections						25
					Accidents	7
Outworkers	...	...	...	...	...	Nil
Pet Animals Act	...	...	...	...	...	3
Rent Act	...	...	...	...	...	26
Rodent Control	...	...	...	...	...	523
Sampling—Bacteriological : Milk	...	...	...	...	...	167
					Cream	27
					Ice Cream	68
					Food and Swabs	32
—Chemical : Milk	...	...	...	...	...	156
					Cream	6
					Ice Cream	8
					Food and Drugs	50
					Food (complaints)	36
					Fertilisers and Feeding Stuffs	23
					Formal Samples	6
					Water : Tap, Swimming	
					Baths, etc.	26
Schools	...	...	...	...	...	13
Septic Tanks	...	...	...	...	...	53
Sewers	...	...	...	...	...	55
Shops Act	...	...	...	...	...	7
Slaughterhouses : Public	...	...	...	...	...	273
Private	...	...	...	...	...	468
Smoke : Inspections	...	...	...	...	...	51
Observations	...	...	...	...	...	33

Special Visits	...	...	...	...	...	733
Squatters	...	...	...	...	...	60
Tips	...	...	...	...	...	24
Van Dwellings	...	...	...	...	...	5
Water Supply	...	...	...	...	...	90
Wells	...	...	...	...	...	1

NUMBER OF NOTICES SERVED AND SUMMARY OF WORK CARRIED
OUT DURING THE YEAR.

Number of Preliminary Notices served	...	...	133
Number of Verbal Notices	...	...	136
Number of Notice Letters Re : Noise	...	...	5
Re : Houses in Multiple Occupation			28
Re : Housing Defects			87
Re : Food Hygiene	...		68
Re : Factories	...		18
Re : Miscellaneous Nuisances			24
Re : Offices, Shops and Railway Premises Act			19
Re : Clean Air Act	...		17
Re : Prevention of Damage by Pests			33
Corporation Act Notices :			
Section 104 (Drainage)	...	...	3
Section 119 (Roofs)	...	...	1
Number of Notices (Statutory) served :			
Public Health Act, 1936, Section 39	...	...	21
Section 45	...	...	13
Section 93	...	...	43
Section 138	...	...	5
Public Health Act, 1961, Section 17	...	...	7
Housing Act, 1961, Section 15	...	...	7
Section 16	...	...	1
Clean Air Act, Section 30	...	...	1
Food Hygiene	...	...	2

Shops Act, Section 38	...	...	...	...	1
Number of complaints received and investigated	...				687
Number of notices sent regarding infectious diseases					11
Keeping of Animals	...	...	...	...	4
Accumulations	...	...	...	...	28
Vermin	...	...	...	...	7
Rats and Mice	...	...	...	...	108
Dustbins	...	...	...	...	8
Drains Cleared	...	...	...	...	69
Drains Repaired	...	...	...	...	51
Water Closets	...	...	...	...	48
W.C. Buildings	...	...	...	...	11
Pails and Conveniences	...	...	...	...	Nil
Cesspools	...	...	...	...	5
Septic Tanks	...	...	...	...	12
Water Supply	...	...	...	...	20
Paving	...	...	...	...	12
Roofs	...	...	...	...	48
Spouting	...	...	...	...	35
Chimneys	...	...	...	...	20
Dampness	...	...	...	...	27
Sinks	...	...	...	...	11
Windows	...	...	...	...	38
Floors	...	...	...	...	15
Walls, External	...	...	...	...	22
Walls, Internal	...	...	...	...	25
Ceilings	...	...	...	...	9
Staircases	...	...	...	...	5
Doors	...	...	...	...	6
Fireplaces	...	...	...	...	10
Smoke	...	...	...	...	3
Noise Nuisance	...	...	...	...	5
Overcrowding	...	...	...	...	6

Factories : Cleanliness	...	...	...	...	5
Temperature	...	...	...	...	Nil
Ventilation	...	...	...	...	1
Lighting	...	...	...	...	Nil
Sanitary Accommodation	...	...	...	...	7
Shops and Offices : Lighting	...	...	...	...	6
Ventilation	...	...	...	...	10
Sanitary Accommodation	...	...	...	...	13
Washing Accommodation	...	...	...	...	4
Food Hygiene Regulations :					
Wash-hand Basins	...	...	...	...	14
Sinks	...	...	...	...	6
Internal Structural Repairs	...	...	...	...	68
Cleansing	...	...	...	...	75
First Aid Equipment	...	...	...	...	1
Hot and Cold Water	...	...	...	...	21
Equipment	...	...	...	...	43

RODENT CONTROL.

The following table summarises the work carried out by the staff of one Rodent Officer and whole time opertaive of this Section of the Department.

Number of complaints received	...	...	...	344
Number of inspections carried out	...	...	...	612
Number of treatments carried out	...	...	...	507

These figures being as follows :—

Number of treatments (Local Authorities properties)	...	...	64
Number of treatments (Dwelling houses)	...	...	335
Number of treatments (Business premises)	...	...	75
Number of re-visits during treatments	...	...	2028
Number of smoke and drain tests	...	...	21
Number of inspections made with no treatments	...	...	134

These figures include visits to hospitals, clinics, school meal kitchens, schools, sewage disposal works, tipping grounds, riverside banks, watercourses and public slaughterhouses. Treatments being carried out where and when necessary.

Approximately 4,880 rats were exterminated according to figure formula of the Ministry of Agriculture, Fisheries and Food Poisons Estimates.

MILK

Bacteriological Examinations.

<i>Type of Milk</i>	<i>Test</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
Pasteurised Milk	Methylene Blue	100	1	101
Pasteurised Milk	Phosphatase	101	—	101
Sterilised	Turbidity	47	—	47
Cream	Methylene Blue	23	4	27
Cream	Phosphatase	26	1	27
Pasteurised Milk	Biological	1	—	1
Milk (Untreated)	Biological	7	11 (Ring Test)	18

Chemical Examinations

Pasteurised Milk, informal samples taken	...	...	133
Found deficient in fat	...	...	7
Found deficient in solids non-fat	...	...	20
Channel Island Milk, informal samples taken	...	...	23
Found deficient in fat	...	...	3
Cream, informal samples taken	...	...	6
Found deficient in fat	...	...	1

Of these samples those found to be deficient in fat were found to be genuine on bulking the consignment. Those deficient in solids were genuine when submitted to the freezing test. It was not found necessary to take any formal samples.

OTHER BACTERIOLOGICAL EXAMINATIONS.

Ice Cream.

Sixty-eight samples were taken with the following results :—

Grade 1	...	...	...	...	...	...	30
Grade 2	...	...	...	...	...	...	22
Grade 3	...	...	...	...	...	...	12
Grade 4	...	...	...	...	...	...	4

The unsatisfactory samples were mostly from soft ice cream vendors and as a result of supervision and advice more satisfactory results were obtained.

Six samples of ice cream and two lollies were taken for chemical examination and found to be satisfactory.

Equipment.

Nine swab samples were taken from equipment used in food handling.

Examinations made as a result of investigation or complaint :

Corned Beef	...	...	...	...	...	...	3
Coconut Cake	...	...	...	...	...	...	1
Desiccated Coconut	...	...	...	...	...	...	4
Dried Egg	...	...	...	...	...	...	1
Ham and Egg Pie	...	...	...	...	...	...	2
Ham and Chicken Croquettes	...	...	...	...	...	...	1
Lemon Curd	...	...	...	...	...	...	1
Liquid Frozen Egg	...	...	...	...	...	...	2
Meat Pasties	...	...	...	...	...	...	2
Pork Meat	...	...	...	...	...	...	1
Pork Tenderloins	...	...	...	...	...	...	4
Salad	...	...	...	...	...	...	1
Sausage Sandwich	...	...	...	...	...	...	1
Soya Bean Flour	...	...	...	...	...	...	1

As a result of these investigations a whole consignment of 528 x 3½lb. tins of pork tenderloins found to be affected with Cl. Welchii was condemned.

OTHER CHEMICAL EXAMINATIONS.

Food and Drugs Act.

Informal Samples (other than milk or ice cream)

Apricots (dried)	...	...	...	...	...	...	1
Baking Powder	...	...	...	...	...	...	1
Butter	...	...	...	...	...	...	1
Butter Cheese Spread	...	...	...	...	...	...	1
Beans (canned)	...	...	...	...	...	...	1
Brown Sugar	...	...	...	...	...	...	1
Chicken	...	...	...	...	...	...	1
Chocolate (diabetic)	...	...	...	...	...	...	1
Coffee	...	...	...	...	...	...	1
Cheese (processed)	...	...	...	...	...	...	1
Coca Cola	...	...	...	...	...	...	1
Fish Paste	...	...	...	...	...	...	1
Ground Almonds	...	...	...	...	...	...	1
Grape Nuts	...	...	...	...	...	...	1
Honey	...	...	...	...	...	...	1
Jam (strawberry)	...	...	...	...	...	...	1
Lard	...	...	...	...	...	...	1
Lobster Paste	...	...	...	...	...	...	1
Margarine	...	...	...	...	...	...	1
Mincemeat	...	...	...	...	...	...	1
Orange Crush	...	...	...	...	...	...	1
Pears (canned)	...	...	...	...	...	...	1
Pork Pies	...	...	...	...	...	...	1
Shepherds Pie	...	...	...	...	...	...	1
Spaghetti (canned)	...	...	...	...	...	...	1
Salad Cream	...	...	...	...	...	...	1
Soup (canned)	...	...	...	...	...	...	1
Spice, Mixed	...	...	...	...	...	...	1
Stuffing Mixture	...	...	...	...	...	...	1
Vanilla Flavouring	...	...	...	...	...	...	1
Vegetables, Mixed	...	...	...	...	...	...	1
Vinegar	...	...	...	...	...	...	2

Acetyl Salicytic Acid	...	...	...	...	...	1
Aspirin Tablets	...	...	...	...	...	1
Bismuth Lozenges	...	...	...	...	...	1
Boric Acid Ointment	...	...	...	...	...	1
Codeine Phosphate Syrup	...	...	...	...	...	1
Ferrous Glicenate Tablets	...	...	...	...	...	1
Golden Eye Ointment	...	...	...	...	...	1
Halibut Liver Oil Capsules	...	...	...	...	...	1
Liquid Paraffin	...	...	...	...	...	1
Neo Merceazole Tablets	...	...	...	...	...	1
Oil of Eucalyptus	...	...	...	...	...	1
Opiate Squill Pastilles	...	...	...	...	...	1
Olive Oil	...	...	...	...	...	1
Soda Mint Tablets	...	...	...	...	...	1
Vitamin C Tablets	...	...	...	...	...	1
Zinc and Castor Oil Ointment	...	...	...	...	...	2

EXAMINATIONS MADE AS RESULT OF COMPLAINTS.

Brawn	...	...	...	...	...	...	1
Bread	...	...	...	...	...	...	3
Butter	...	...	...	...	...	...	1
Casserole Meat	...	...	...	...	...	...	1
Coffee	...	...	...	...	...	...	1
Cauliflower (canned)	...	...	...	...	...	...	1
Chicken (canned)	...	...	...	...	...	...	1
Corned Beef	...	...	...	...	...	...	4
Cream (double)	...	...	...	...	...	...	1
Gravy	...	...	...	...	...	...	1
Lemon Curd	...	...	...	...	...	...	1
Meat Paste	...	...	...	...	...	...	1
Milk	...	...	...	...	...	...	7
Milk, Evaorated	...	...	...	...	...	...	1
Peas (canned)	...	...	...	...	...	...	1
Pork Pie	...	...	...	...	...	...	1
Pork Sausage	...	...	...	...	...	...	1

Salmon (canned)	...	...	...	...	...	...	1
Sausage Roll	...	...	...	...	...	...	1
Strawberries (canned)	...	...	...	...	...	...	1
Sugar	...	...	...	...	...	...	1

Samples of plastic toys were examined for lead content resulting in restriction of sales.

FORMAL SAMPLES.

Spirits (Genuine)	6
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FERTILISERS AND FEEDING STUFFS ACT.

Eleven informal samples of fertilisers and ten informal samples of feeding stuffs were taken during the year. Of these, two samples were found to be slightly outside the limits of variation.

Two informal and one formal samples of gas liquor were taken and found to be satisfactory.

FOODSTUFFS (OTHER THAN BUTCHERS' MEAT AT SLAUGHTERHOUSES) CONDEMNED DURING THE YEAR.

Tinned Foods (9,484 tins)	...	...	...	20,450 lbs.
Fish	...	...	...	377 lbs.
Meat	...	...	...	397 lbs.
Miscellaneous Foods (Cereals, etc.)	...	...	...	1,080 lbs.

Total : 9 tons, 19 cwts., 16 lbs.

MEAT INSPECTION.

Weight of Meat and Offals condemned at Public Slaughterhouse	...	...	...	...	13,965 lbs.
Weight of Meat and Offals condemned at Private Slaughterhouses	...	...	...	...	9,360 lbs.

Total : 10 tons, 8 cwts., 1 qrt., 1 lb.

PROSECUTIONS.

- | | |
|--|----------------------------|
| (1) Failure to comply with Statutory Nuisance Notice ... | 56 days to abate nuisance |
| (2) Failure to comply with Statutory Nuisance Notice ... | 6 months to abate nuisance |
| (3) Failure to comply with Statutory Nuisance Notice ... | 28 days to abate nuisance |
| (4) Failure to comply with Statutory Nuisance Notice ... | 12 weeks to abate nuisance |
| (5) Failure to comply with Statutory Nuisance Notice ... | Fined £6 |
| (6) Failure to comply with Statutory Nuisance Notice ... | Fined £4 |
| (7) Non-compliance with Shops Act Notice ... | Fined £10 |
| (8) Overcrowding of Dwelling | Fined £10 |
| (9) Illegal Occupation of Dwelling subject to Closing Order | Fined £1 |
| (10) Illegal Occupation of Dwelling subject to Closing Order | Fined £1 |
| (11) Storage of Ice Cream in Unregistered Premises ... | Fined £15 |
| (12) Dirty Milk Bottles ... | Fined £5 |
| (13) Mouldy Fruit Cake ... | Fined £10 |
| (14) Mouldy Sausages ... | Fined £25 |

In addition the Health Committee issued 25 warnings to traders for offences in connection with the sale of food.

SLAUGHTERHOUSES.

Work commenced on the erection of a new public abattoir on part of the cattle market site at Croft Road. Completion date is July, 1965, and when it becomes operative all the existing slaughterhouses will be closed.

Two private slaughterhouses and the knackers yard closed down and became delicensed.

Public Slaughterhouse

Carcases and Offal Inspected and Condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	2,434	121	40	13,684	5,802	—
Number inspected	2,434	121	40	13,684	5,802	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcases condemned	4	4	6	44	24	—
Carcases of which some part or organ was condemned	178	26	—	416	362	—
Percentage of the number inspected affected with disease other than tuberculosis	7.5	25.6	15.0	3.36	6.65	—
<i>Tuberculosis only</i>						
Whole carcases condemned	—	—	—	—	1	—
Carcases of which some part or organ was condemned	1	1	—	—	64	—
Percentage of the number inspected affected with tuberculosis	0.04	0.83	—	—	1.12	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned	6	—	—	—	—	—
Carcases submitted to treatment by refrigeration	6	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Private Slaughterhouses

Carcases and Offal Inspected and Condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	146	200	1,007	4,702	353	—
Number inspected	146	200	1,007	4,702	353	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcases condemned	1	—	20	105	1	—
Carcases of which some part or organ was condemned	22	42	—	556	1	—
Percentage of the number inspected affected with disease other than tuberculosis	15.75	21.0	2.0	14.0	0.57	—
<i>Tuberculosis only</i>						
Whole carcases condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	7	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	2.0	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned	4	—	—	—	—	—
Carcases submitted to treatment by refrigeration	4	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

HOUSING

(1) COMMON LODGING HOUSES.

There is only one Common Lodging House on the register and this is included in a confirmed clearance area and soon to be demolished. The Reception Centre maintained by the Welfare Department in conjunction with the National Assistance Board has 40 beds but rarely is fully occupied as the men do not take kindly to discipline and cannot get accommodation for more than a night or two. There is a need for common lodging house accommodation in the area and also for lodging accommodation with full or partial board for labourers engaged on building and public service contracts.

(2) HOUSES IN MULTIPLE OCCUPATION.

There has been a steady increase in the number of houses in multiple occupation, and at the end of the year there were 65 such houses known to the Department. Linked to this problem is the steady growth of numbers of immigrants, mainly Pakistanis, who have come to reside in the City. The landlord of one house was successfully prosecuted for permitting overcrowding.

(3) SLUM CLEARANCE.

During the year 189 houses were represented as unfit, made up of 108 in areas and 81 individual unfit houses.

The areas dealt with were : Little Boughton Street, 23 houses; Blockhouse (Phase II) Areas Nos. 4, 5, 6, 7, 8, 9, 10, and 11, which enveloped 85 unfit houses. There were also included, in the Compulsory Purchase Orders, 12 fit houses.

The following is the progress made in our slum clearance from 1954 to the end of 1964 :—

Unfit houses represented to the Health Committee ...	1595
Tenants rehoused	1226
Sub-tenants rehoused	116
Tenants and sub-tenants who found own accommodation	157
Houses vacant when represented	73
Houses demolished under Housing Act Orders ...	1184
Houses demolished privately by owners	30
Houses closed on Closing Orders	101
Houses made fit and removed from programme ...	53

During the year 169 houses were demolished under the Housing Act, 7 fit houses were converted to other uses and 42 fit houses were demolished to facilitate redevelopment of the sites. 13 houses were converted into flats providing a further 16 units of accommodation.

REHOUSING.

The building of council houses, which slowed down during 1963, began to speed up and there were 134 council houses completed during the year, of which 80 houses were used for the rehousing of families displaced under the Housing Act. Also during the year there were 92 privately owned houses completed.

RENT ACT, 1957.

Applications for Certificates of Disrepair.

(1) Number of applications for certificates	...	...	3
(2) Number of decisions to issue Certificates	...	...	3
(3) Number of undertakings given by landlords under Paragraph 5 of the First Schedule	...	...	3
(4) Number of undertakings refused by Local Authority under proviso to Paragraph 5 of the First Schedule	...	...	Nil
(5) Number of Certificates issued	...	...	Nil
(6) Number of applications by Landlords to Local Authority for cancellation of Certificates	...	...	Nil
(7) Number of Objections by tenants to cancellation of Certificates	...	...	Nil
(8) Number of Certificates cancelled by Local Authority	...	...	Nil
(9) Number of applications for Certificates as to Remedy of Defects which the Landlord has undertaken to remedy	...	...	Nil
(a) By Landlord	...	...	Nil
(b) By Tenant	...	...	Nil

HOUSING STATISTICS.

1. *Inspection of Dwelling-houses during the year :*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,857
(b) Number of inspections made for the purpose	3,681
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under Housing Consolidated Regulations, 1925, 1932	70
(b) Number of inspections made for the purpose	134
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	70
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for habitation	108

2. *Remedy of defects during the year without service of formal notices :*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	67
--	----

3. *Action under Statutory Powers during the year :*

(a) Proceedings under Section 9, Housing Act, 1957 :	
(1) Number of dwelling-houses in respect of which notices were served requiring repair	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices ...	
(a) By owners	Nil
(b) By Local Authority in default of owner	Nil
(b) Proceedings under Public Health Act, 1936 :	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	41
(2) Number of dwelling-houses in which defects were remedied after service of formal notices	
(a) By owners	41
(b) By Local Authority in default of owner	Nil

(c) Proceedings under Sections 16, 17 and 23, 28 of the Housing Act, 1957:

(1) Number of dwelling-houses in respect of which Demolition Orders were made	50
(2) Number of dwelling-houses in respect of which Closing Orders were made	29
(3) Number of dwelling-houses demolished in pursuance of demolition orders	75
(4) Number of Demolition Orders determined ...	2
(5) Number of Closing Orders determined ...	3
(6) Number of dwellings closed on undertaking	Nil
(7) Number of reconditioning schemes accepted	Nil
(8) Number of demolition orders substituted for Closing Orders	1

(d) Proceedings under Section 18, Housing Act, 1957:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	2
(2) Number of undertakings accepted to close houses for human habitation	Nil
(3) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil
(4) Reconditioning schemes accepted in respect of dwelling-houses	Nil

(e) Proceedings for demolition of unfit houses owned by Local Authority (Circular 33/56) Nil

WATER SUPPLY.

The City's domestic water supply is all obtained from the River Severn and treated by settlement, filtration and chlorination.

The average daily consumption for all purposes is 3,872,000 gallons, or 57·3 gallons per head of population. The Worcester Water Order, 1964, made on the 7th July, 1964, became operative on the 14th July, 1964. This Order gave the Corporation power to construct new waterworks and to abstract extra water from the River Severn. The quality of the water is satisfactory and has no plumbo-solvent action.

There is a separate piped supply to 21,945 houses with a population of 67,080. 160 houses with a population of 500 share taps in common detached wash-houses. One house relies on the water supply from a shallow well.

Four wells are still in use in connection with business premises.

Routine sampling of water is carried out both by the Water Department and the Public Health Department. During the year the following samples were submitted for analysis :—

				<i>Bact. Exam.</i>	<i>Chem. Exam.</i>
Raw Water	...	...	...	52	12
Raw Water after settlement			...	52	—
Primary filter water		...	...	52	—
Final water before chlorination			...	52	—
Final water after chlorination			...	52	12
Check samples from tap in					
Laboratory	...	...	...	52	—
Consumer tap samples		...	...	8	20

The following table shows the results of one series of comparative bacteriological examinations:—

Source	Date	Colony counts per ml.			B.Coli per 100 ml.
		1 day at 37° C	2 days at 37° C	3 days at 22° C	
Raw water	23.6.64	1200	16800	49600	35000
Raw water after settlement ...	22.6.64	410	432	7360	3500
Primary filter water	23.6.64	70	880	1600	350
Final water before chlorination ...	24.6.64	18	55	256	Nil
Final water after chlorination ..	24.6.64	9	9	18	Nil
Laboratory tap	24.6.64	12	12	12	Nil

Ref. 64/1094

County Laboratory

REPORT

Sample marked

Consumer tap at 110 Penhill Crescent.

9th July, 1964.

Physical Characters

Colour	Colourless	
Odour	Slightly musty	
Deposit	None	p ^H 7.2

Chemical Examinations (Result expressed in parts per million)

Total Dissolved Solids (Dried at 180° C)	...	565
Total Disolved Solids After Ignition	...	470
Chlorine present as Chloride	...	145
Hardness Non-Carbonate as CaCO ₃	...	76
Hardness Carbonate as CaCO ₃	...	160
Hardness Total as CaCO ₃	...	236
Ammoniacal Nitrogen	...	0.02
Albuminoid Nitrogen	...	0.02
Nitrate Nitrogen	...	4.5
Nitrite Nitrogen	...	Nil
Permanganate Value (4 hours at 27° C)	...	1.35
Toxic Metals	...	None detected
Iron as Fe. Total	...	
„ „ „ In Solution	...	
Detergents as Manoxol	...	
Phosphates as PO ₄	...	
Residual Chlorine Total	...	0.01
Fluorine	...	0.25

Opinion : The chemical condition of the sample is satisfactory.

Signed : M. M. LOVE,

County Analyst.

22nd July, 1964.

Ref. 64/1057

County Laboratory

REPORT

Sample marked

Pure Water Tap.

8th July, 1964.

Physical Characters

Colour Colourless

Odour Slightly musty

Deposit None pH 7.2

Chemical Examinations (Result expressed in parts per million)

Total Dissolved Solids (Dried at 180° C)	...	...	...	595
Total Dissolved Solids After Ignition	...	...	...	520
Chlorine Present in Chloride	...	...	...	161
Hardness Non-Carbonate as CaCO ₃	...	...	...	78
Hardness Carbonate as CaCO ₃	...	...	...	162
Hardness Total as CaCO ₃	...	...	...	240
Ammoniacal Nitrogen	...	...	...	0.02
Albuminoid Nitrogen	...	...	...	0.07
Nitrate Nitrogen	...	...	...	2.7
Nitrite Nitrogen	...	...	...	Nil
Permanganate Value (4 hours at 27° C)	...	...	...	1.45
Toxic Metals	...	...	...	None detected
Iron as Fe. Total	...	...	...
„ „ „ In Solution	...	...	...
Detergents as Manoxol	...	...	...	0.11
Phosphates as PO ₄	...	...	...	0.66
Residual Chlorine Total	...	...	...	0.02
Fluorine	...	...	...

Opinion : The chemical condition of the sample is satisfactory.Signed : M. M. LOVE,
County Analyst,

22nd July, 1964.

Ref. 64/1039

County Laboratory

REPORT

Sample marked

River Water.

6th July, 1964.

Physical Characters

Colour Light Brown

Odour Slightly musty

Deposit Brown

p^H 8.7*Chemical Examinations* (Result expressed in parts per million)

Total Dissolved Solids (Dried at 180° C)	...	580
Total Dissolved Solids After Ignition	... ..	490
Chlorine Present as Chloride	... ..	146
Hardness Non-carbonate as CaCO ₃	... ..	80
Hardness Carbonate as CaCO ₃	... ..	164
Hardness Total as CaCO ₃	... ..	244
Ammoniacal Nitrogen	... ..	0.54
Albuminoid Nitrogen	... ..	0.54
Nitrate Nitrogen	... ..	4.1
Nitrite Nitrogen	... ..	0.12
Permanganate Value (4 Hours at 27° C)	...	4.55
Toxic Metals	... ..	None detected
Iron as Fe. Total	... ..	1.2
Iron as Fe. In Solution	... ..	0.1
Detergents as Manoxol	... ..	0.5
Phosphates as PO ₄	... ..	0.68
Residual Chlorine Total	... ..
Fluorine	... ..

Signed : M. M. LOVE,
County Analyst.

22nd July, 1964.

Summary of Chemical Analyses of Tap Water
Year ending 31st December, 1964.

	<i>Min.</i>	<i>Max.</i>	<i>Average</i>
Solids in Suspension (Dried at 100° C)	—	—	—
Solids in Solution (Dried at 180°C)	175	605	388
Solids After Ignition	135	520	296
Chlorine Present as Chloride ...	35	190	94
Hardness Non-Carbonate	24	106	65
Hardness Carbonate	56	180	116
Hardness Total	80	260	181
Ammoniacal Nitrogen	Trace	0.21	0.03
Albuminoid Nitrogen	0.02	0.12	0.06
Nitrate Nitrogen	1.43	6.70	3.72
Nitrite Nitrogen	Nil	Trace	Nil
Oxygen Absorbed in 4 hours at 27° C (N/80 Permanganate) ...	0.90	2.30	1.32
Toxic Metals	Nil	Nil	Nil
(1) Total Residual Chlorine ...	0.01	0.12	0.03
(1) Fluorine	0.14	0.29	0.21
(2) Synthetic detergent as Manoxol	Trace	0.37	0.09
(2) Phosphate as PO ₄	0.04	0.87	0.44
p ^H	6.6	7.4	7.1

Summary of 12 monthly analyses at random sampling points within the City and 12 monthly analyses of water leaving the Waterworks.

(1) Random sampling points only.

(2) Waterworks only.

